



# The Returned & Services League of Australia (Vic Branch) Inc

## Appendix A – Record of Sub-Branch Office Bearers and Committee for 2019

**THIS DOCUMENT NEEDS TO BE RETURNED EACH YEAR**

**Sub-Branch:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**Street Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Licensed** Yes /No Type of License: Full \_\_\_ Restricted \_\_\_ BYO \_\_\_

**Incorporated** Yes /No Registration No \_\_\_\_\_ Date \_\_\_\_\_

**Web Page** [www.](#) \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SNR VICE PRESIDENT:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

FULL NAME

**PERSONAL ADDRESS:** \_\_\_\_\_ **LANDLINE:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_



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APPEALS OFFICER: \_\_\_\_\_ FULL NAME \_\_\_\_\_ MOBILE: \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_ LANDLINE: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEMBERSHIP OFFICER: \_\_\_\_\_ FULL NAME \_\_\_\_\_ MOBILE: \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_ LANDLINE: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ATDP

WELFARE ADVOCATE: \_\_\_\_\_ FULL NAME \_\_\_\_\_ MOBILE: \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_ LANDLINE: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ATDP

COMPENSATION ADVOCATE: \_\_\_\_\_ FULL NAME \_\_\_\_\_ MOBILE: \_\_\_\_\_

PERSONAL ADDRESS: \_\_\_\_\_ LANDLINE: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

## IMPORTANT

Failure to submit this document may impact on the compliance of your Sub-Branch and ability to access your member data. Only persons listed on this Appendix A are authorised to access member data.

### OTHER OFFICE BEARERS

IMMEDIATE PAST PRESIDENT \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

COMMITTEE PERSON \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

COMMITTEE PERSON \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

COMMITTEE PERSON \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

COMMITTEE PERSON \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

### CERTIFICATE

I certify that the above named are financial members of the RSL and were eligible for election as officers and committee persons of the Sub-Branch. They were duly elected to the positions set out against their respective names at a duly constituted meeting of the Sub-Branch held on the \_\_\_/\_\_\_/\_\_\_\_\_.

Date: \_\_\_\_\_

Signature \_\_\_\_\_ Countersigned \_\_\_\_\_  
Sub-Branch President Sub-Branch Secretary