



The Returned & Services League of Australia (Victorian Branch) Inc

Appendix A Form 2020

Sub-Branch _____ Incorporated? **YES / NO**

Mailing Address:

Street Number & Address _____

SUBURB | POSTCODE _____

Street Address:

Street Number & Address _____

SUBURB | POSTCODE _____

Phone: _____

Preferred Email for General Sub-Branch Correspondence:

Web Page [www.](#) _____

CONTACT DETAILS

PRESIDENT

MOBILE _____ HOME _____

PREFERRED EMAIL (if different to above) _____

VICE PRESIDENT

MOBILE _____ HOME _____

PREFERRED EMAIL (if different to above) _____

SECRETARY

MOBILE _____ HOME _____

PREFERRED EMAIL (if different to above) _____

TREASURER

MOBILE _____ HOME _____

PREFERRED EMAIL (if different to above) _____

MANAGER

MOBILE _____ HOME _____

PREFERRED EMAIL (if different to above) _____



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MEMBERSHIP OFFICER

MOBILE _____ HOME _____
PREFERRED EMAIL (if different to above) _____

APPEALS OFFICER

MOBILE _____ HOME _____
PREFERRED EMAIL (if different to above) _____

ATDP WELFARE ADVOCATE

MOBILE _____ HOME _____
PREFERRED EMAIL (if different to above) _____
QUALIFICATION LEVEL _____

ATDP COMPENSATION ADVOCATE

MOBILE _____ HOME _____
PREFERRED EMAIL (if different to above) _____
QUALIFICATION LEVEL _____

OTHER OFFICE BEARERS

IMMEDIATE PAST PRESIDENT _____
COMMITTEE PERSON _____ COMMITTEE PERSON _____
COMMITTEE PERSON _____ COMMITTEE PERSON _____
COMMITTEE PERSON _____ COMMITTEE PERSON _____
COMMITTEE PERSON _____ COMMITTEE PERSON _____

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. THIS FORM MUST BE SIGNED AND RETURNED EVERY YEAR.

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 / /
NAME _____
SIGNATURE _____

Sub-Branch President

DATE / /
NAME _____
SIGNATURE _____

Sub-Branch Secretary/Manager