

WOMEN'S AUXILIARY

Long Service for 50 Years Membership Certificate

Women's Auxiliary Long Service Award

A Long Service Award (50 Years Membership Certificate) may be awarded to member who has given *not less than 50 years cumulative service* as a member of a Women's Auxiliary.

A recommendation for the awarding of a Long Service Award can only be approved on the recommendation of the Women's Council and the State President of the RSL.

A recommendation for awarding a Long Service Award should only be made when it has been established beyond a reasonable doubt that the recipient has been a financial member of the Women's Auxiliary for at least 50 years.

Completed form (**pages 2 to 4**) can be emailed to rkennedy@rslvic.com.au or hard copy posted to:

State President's Office

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

ANZAC House

4 Collins Street

MELBOURNE VIC 3000

Nomination Form

Nominee's Details

Surname:

First Name:

Address:

Postcode:

Date of Birth

Age:

Membership no:
(if applicable)

Badge No:
(if applicable)

Joining Date:

Original RSL Auxiliary:

DECLARATION BY AUXILIARY MEMBER

I _____ (*full name*) of _____ (*insert address*) do solemnly declare that I have been a financial member of a Women's Auxiliary of the Returned & Services League of Australia for at least 50 cumulative years.

Signed:

Date:

Applicant's Signature

DECLARATION BY WOMEN'S AUXILIARY

The _____ (*insert Auxiliary name*) hereby declares that _____ (*insert member's name*) is a current financial member of the Women's Auxiliary of the Returned & Services League of Australia and, to the best of our knowledge, has been so for at least 50 cumulative years.

Signed:

Signed:

President

Secretary

Date:

Date:

APPLICABLE FEES

If the certificate is to be posted, a fee of \$11.00 is payable by the nominating Sub-Branch, via an invoice from the State Branch.

Certificate to be:

Collected

Posted

If posted, please indicate preferred postal address:

Name: _____

Address: _____

Postcode: _____

STATE BRANCH USE ONLY

Recommendation by the Women's Council

President Yes No

or Secretary _____

Date _____

Approved by State President or CEO

Approved Not approved Date _____