

**THIS FORM NEEDS TO BE COMPLETED and RETURNED  
EVEN IF THERE IS NO CHANGE IN OFFICE BEARERS**

APPENDIX 'A'



**THE RETURNED & SERVICES LEAGUE OF AUSTRALIA  
(Victorian Branch) Inc**

RECORD OF OFFICERS AND COMMITTEE OF .....SUB-BRANCH FOR THE YEAR 2018

**Sub-Branch** REGION \_\_\_\_\_

Street Address.....PostCode .....

P O Box .....PostCode .....

(ALL MAIL WILL BE SENT TO SUB-BRANCH P O BOX/STREET ADDRESS **UNLESS SPECIFIED** )

Phone: ..... Fax ..... Email.....

Licensed: YES  NO  Type of License: Full  Restricted

EGMs\*: YES  NO  How many? .....(\*Electronic Gaming Machines)

Incorporated: YES  NO  If yes, Registration Number A00.....Date .....

Web Page: www......

**OFFICE BEARERS (PLEASE PRINT)**

President, full name .....  
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address.....Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:.....

**PLEASE PRINT**

Secretary, full name .....  
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address.....Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:.....(Pls indicate if you wish to receive email to your personal address)

**PLEASE PRINT**

Treasurer, full name .....  
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address.....Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:.....

**PLEASE PRINT**

Welfare Officer, full name .....  
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address.....Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:.....

**PLEASE PRINT**

Pension Officer, full name .....  
(Title) (Given Names) (Family Name) (Post Nominals)

Date and Level of most recent TIP qualification.....

Confirmation PO is current in terms of Pension Officer Level.....(ie refresher training at TIP level)

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**Appeals Officer, full name** .....  
(Title) (Given Names) (Family Name) (Post Nominals)  
**Personal Address** ..... **Post Code** .....  
**Telephone Nos. Business** ..... **Private** ..... **Mobile Phone** .....  
**Personal email:** .....

**PLEASE PRINT**

**Manager, full name** .....  
(Title) (Given Names) (Family Name) (Post Nominals)  
**Personal Address** ..... **Post Code** .....  
**Telephone Nos. Business** ..... **Private** ..... **Mobile Phone** .....  
**Personal email:** .....

**Other Office Bearers**

**Vice-President** ..... **Committee person** .....  
**Imm. Past Pres.** ..... **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 committeemen 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 ...../...../2018.....

Date .....

Signature .....  
(Sub-Branch President)

Countersigned .....  
(Sub-Branch Secretary)

**PLEASE NOTE All Licensed Sub-Branches  
will receive their mail via email.**

**Traditional Sub-Branches**

**A.** Please print email address you wish to use to receive mail

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