

# AFFILIATE MEMBER CAPITATION FORM

## Sub-Branch Administration

Sub-Branch		Committee Member Name		Committee Member Position		
Member Name & Member Number	Capitation Type	Proof Yes/No	Paid at Subbranch \$40 Annually	To Be Paid RSLWA HQ	Subtotal	State Branch
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt
						<input type="checkbox"/> Card
Member #						<input type="checkbox"/> Badge
						<input type="checkbox"/> PMT/Sbscrpt

Online Transfer (EFT) to BSB 066 000 Acct 1747 1967

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

Total Amount Payable \$

Please note, documents & payments must be submitted simultaneously.

PLEASE SIGN ALL SECTIONS BEFORE SUBMITTING

The Returned & Services League of Australia Western Australia Branch Inc.

ABN: 59 263 172 184

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