



RSL
Cairns Sub Branch

Cairns Veteran's Business Network

Members Application

Sincere thankyou for your application to become a member of the Cairns RSL Sub Branch, Cairns Veterans Business Network. With your business being a member of the CVBN means that businesses that are Veteran owned or Veteran friendly are Stronger Together.

Please fill in each section clearly

Owner/Operator Name: First: _____ Surname: _____

Business Name: _____ ABN/ACN: _____

Type of Business: _____

Business Physical Address: _____ Suburb/Town: _____ Postcode: _____

Business Postal Address: _____ Suburb/Town: _____ Postcode: _____

Business Landline: _____ Business Mobile: _____

Business Email: _____ @ _____

Declaration

I _____ am the Owner/Operator of the above business and
(Full Name)

declare that:

(Strike out which is not applicable)

1. I am a Veteran or Veteran Family Member and own/operate the business listed above.

a. RSL Sub Branch Member No: _____ Or Service No: _____
(if applicable) (if applicable)

2. I operate the business above and commit to continually employing at least one veteran.

I would like to register the above business with the Cairns Veteran Business Network

I agree to my name and business name and contact numbers being distributed amongst the Cairns Veteran Business Network.

Signature of owner/operator: _____ Date: _____

Office Use:

Application received on: _____ Entered in database on: _____

Signed: _____