Application For Membership



Applicant Name: OMr	OMrs OMs	Surname	Giv	ven names				
Address:s	treet / PO Box / RR # / Site #	Other Tel:	City	Prov E-mail:	Postal Code			
Date of Birth:	117	Ci	tizenship:		MO FC			
Have you ever been a r	nember of the Legion	? No ○ Yes	○ If yes, Membership	#				
Membership	Туре							
Ordinary	– Indicate Type of Se	rvice and Sei	rvice #					
Type of Service:	O Reserve "C Class"	WartimeRCMPNORAD	○ Can. Reg. Force○ R.N.F. Constabulary○ US Force	○ Her Majesty's Reg. Force ○ Wartime Allied Force ○ Vietnam				
 Associate Relationship: O I am the spouse, widow/er, parent, child, grandchild, sibling, niece/nephew of a person who is/was eligible 								
Relationship.	for Ordinary membership. Indicate relationship:							
	O I am the child, spouse, sibling of an Associate member of Command/Branch #:and whose Name and Membership # is:							
OR Type of Service	Cadets or Cadet Ci	vilian Instruc	tor	Navy League of CanadaPolish Armed Forces	Service #:			
	am a Canadian citizen			Allied nation and support the	aims and objects of			
	•	ın citizen or a	a non-Commonwealth s	ubject from an Allied nation a	nd support the aims and			
OI would like the Fren	ide a one-year subscri ich insert. OI do not v	wish to recei	\$9.49 plus applicable tax ve my copies of LEGION					
Membership	Declaration	and In	itiation					
to promote remembran I support the mission of I have read and agree to I hereby solemnly declar purposes of the Legic by force or which ad I hereby certify that I hav I hereby certify that I hav I agree to participate in I agree to abide by the	ce and to serve our cortatement of the Royal to support the purpose are that I am not a me on, and I do not, and vocates, encourages over never been expelled, ave never been dishorthe annual Poppy Canconstitution, rules and confirm you agree with	mmunities an Canadian Leg es and object mber, nor af will not, supp or participates or had my m nourably disc npaign I by-laws of t	d our country. Jion s of the Royal Canadian filiated with, any group, port any organization ad s in subversive action or nembership revoked, fror	n any Legion Branch or any otl rom nor evaded service in the on.	al By-Laws) conflict with the avowed or government ner Veterans organization			
I understand that the per- processing my members national, provincial and b By completing, signing a	sonal information collec hip application and com ranch levels for adminis nd submitting this form	nmunicating w stration purpos , I am giving r	vith me about my membe ses and for the other purp ny consent for the Legion	yal Canadian Legion ("Legion") rship, and may be used interna oses provided in its Privacy Stat to collect, use or disclose my p Legion Member Services at 855	lly by the Legion at the ement at legion.ca/legal. ersonal information for			
Applicant Signature:				Date:				

Congratulations you are now an initiated member of the Royal Canadian Legion subject to Branch policy. Further welcoming ceremony processes are at the discretion of your local Branch.

TO BE COMPLETED BY THE LEGION BRANCH

Command:		Branch Name:		Branch #:				
Branch Address:								
Service Information Person who served: Self	or (Name):		Re	lationship:		who is/was		
an Ordinary Member of Co	mmand/Branch: _			Membership #:				
Service #								
Documentation ○ Service Record ○ Disch ○ Other:	arge Certificate	○ Marriage Certifica	ate OBirth Certificate					
Discharge Date:			Type of Discharge:	e of Discharge:				
Theatres of Service:			Medals/Decorations:					
Next of Kin Name:								
Administration Certified that section 221 of submitted where applicable Branch Membership Comm Date Passed at General Mee	e. uittee:				Date:			
O Membership Dues Paid:		<u> </u>		Date:				
O Membership Registration	Form and Per Ca	pita Tax Submitted	to Dominion Command	[Date:			
Record of Legion Sel Date of Original Admission		M	embership #:	Dai	te of Initiation:			
		Bra	nch Joined					
Command & Branch #	Location		Date Joined		Date Left			
04	fina Hald		Hai		Numerica Hald			
Office Held Command & Branch # Office Dat			Honours and Command & Branch #		Award Date			
Command & Branch #	Office	Date	Collinatio & Br	ancn #	Awaru	Dale		