

APPLICATION FOR 20__ MEMBERSHIP

Ladies' Auxiliary
To The Royal Canadian Legion

Alberta- N.W.T. Command

_____ First Year is Free _____

PLEASE PRINT OR TYPE

Name and Number of Auxiliary.....

Name of Applicant in full.....

(Surname first)

Address.....

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(City or Town) Postal Code

Telephone.....Date of Birth.....

Name of Serviceman or Ex-Serviceman.....

Regt. No.....Service.....

Relationship of Applicant to Above.....

No. of Branch to which Ex-Serviceman belongs.....

I HEREBY AGREE to abide by the Constitution, Rules and By-Laws of The Ladies' Auxiliary to The Royal Canadian Legion.

Date.....Signature.....

Proposed by.....

Seconded by.....

Date Initiated.....

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Auxiliary President Auxiliary Secretary

Former Auxiliary(s) Location(s)/Date(s).....

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Position(s) held.....

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Please check those that you are interested in:

- Volunteering
- Participating in Educational Activities
- Fund Raising Projects
- Working with young people

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CATEGORY OF MEMBERSHIP

- ORDINARY
- ASSOCIATE
- VOTING AFFILIATE
- NON VOTING AFFILIATE