



Ladies' Auxiliary
AB-NWT Command

LADIES' AUXILIARY ALBERTA-NWT - Membership Application

Ladies' Auxiliary Branch: _____ Branch No. _____

Branch Mailing Address: _____

Members Information:

Applicant's Name: _____
Last First Init.

Address: _____
Street Address City Province Postal Code

Phone Number (H) _____ (C) _____

Date of Birth: _____ E-mail: _____

Name of Serving Member: _____

Relationship to Serving Member: _____

Category of Membership: Ordinary Associate Voting Affiliate

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

Applicant Signature : _____ Date: _____

Proposed by: _____ Seconded by: _____

Date: _____ Date of Initiation: _____

L.A. Secretary: _____ L.A. President: _____

Type of volunteer activities that interest you:

Volunteering Participating in Educational Activities Fund Raising

Helping with Auxiliary Projects Working with Young People

Distribution List: one copy to Branch, one copy to the member, and one copy to Ladies' Auxiliary Command Office
116 – 7 Avenue SE, Calgary, AB, T2G 0H5 | Phone: 403 457-5015 | Fax No 403 351-5015