



Ladies' Auxiliary
AB-NWT Command

LADIES' AUXILIARY ALBERTA N.W.T. – Transfer Application

Member's Name: _____

Name of Auxiliary Transferring From: _____

Name of Auxiliary Transferring To: _____

Dues Paid To: _____ Date Joined: _____

Number of years with latest Auxiliary: _____

List any positions held within the Auxiliary or Command Executive: _____

Previous committees or special activities: _____

Membership Type: Ordinary Associate Voting Affiliate Life

Awards Presented: Cert. of Appreciation Cert. of Merit Life Member

M.S.A. Palm Leaf

I grant permission to *the Ladies' Auxiliary* to release my information regarding my transfer application to the new branch:

Applicant's Signature

Date

Signatures required by the Auxiliary this Member is transferring from:

LA Auxiliary President

LA Membership Director

To be completed by Auxiliary Secretary the Member is transferring to:

Proposed by: _____

Seconded by: _____

LA Secretary: _____

LA President: _____

Date: _____