



**Transfer of Membership
in**

Ladies' Auxiliary, The Royal Canadian Legion

Date

From
(L. A. NAME, NUMBER AND ADDRESS)

To
(L. A. NAME, NUMBER AND ADDRESS)

This is to certify that:

Name

Address

Is a paid up Member in good standing of this Auxiliary, with
dues paid up to

Number of years a Member:

Positions held, etc.
.....

Relationship of Member to Veteran

Is the Veteran a Member of The Royal Canadian Legion

Ordinary Member

Associate Member

Where possible, please forward original application form
with transfer.

.....
PRESIDENT

.....
SECRETARY



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