

APPLICATION FOR MEMBERSHIP
Ladies' Auxiliary
To The Royal Canadian Legion
Alberta- N.W.T. Command

PLEASE PRINT OR TYPE

Name and Number of Auxiliary.....

Name of Applicant in full.....
(Surname first)

Address.....

(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.....

Auxiliary President

Auxiliary Secretary

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

Position(s) held.....

Please check those that you are interested in:

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

CATEGORY OF MEMBERSHIP

- ORDINARY
- ASSOCIATE
- VOTING AFFILIATE
- NON VOTING AFFILIATE

PLEASE COMPLETE INFORMATION