

APPLICATION FOR MEMBERSHIP
In the 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)

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

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.....

Initiated on.....20.....

.....
 Branch Secretary Auxiliary Secretary

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

.....

.....

Position(s) held.....

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Please check those that you are interested in:

Volunteering.....

Participating in Educational Activities.....

Helping with Auxiliary Activities.....

Fund Raising Projects.....

Working with Young people.....

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CATEGORY OR MEMBERSHIP (Clearly Mark)

ORDINARY.....

ASSOCIATE.....

VOTING AFFILIATE.....

NON-VOTING AFFILIATE (Citizen from an allied country, excluding Canada and the Commonwealth).....

(Initiation fee and one year's dues to accompany this application)