

TRANSFER OF MEMBERSHIP
in Ladies Auxiliary to
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.....Ph.....

Address.....

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

Number of years a Member:.....

Positions held.....

Relationship of Member to Veteran.....

Is the Veteran a Member of The Royal
Canadian Legion.....

Ordinary.....

Associate.....

Voting Affiliate.....

Non-Voting Affiliate.....

Where possible, please forward original
application form with transfer.

.....
President Secretary

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President Secretary