

**APPLICATION FOR MEMBERSHIP
IN THE LADIES' AUXILIARY
OF THE
ROYAL CANADIAN LEGION**

Branch _____

Branch Address _____



Name in Full
(SURNAME FIRST)

Address



Postal Code Phone #

Have you ever been a Member? Yes No

If YES, Where?

Date of Birth

Regimental No. (if Applicable)

Relationship to Service Person

I HEREBY certify to the correctness of the above particulars
concerning myself and make application for membership in, and
agree to abide by the Constitution, Rules and By-Laws of the
Ladies' Auxiliary, the Royal Canadian Legion.

Date Signature

Proposed by

Seconded by

Date of Initiation

President

Secretary

