Application For Membership



	reet / PO Box / RR # / Site #	City							
Home Tel:		CITV	Prov	Postal Code					
Date of Rirth:	Other ⁻	•	E-mail:						
Daic of Diffii		Citizenship:		MO FC					
Have you ever been a n	nember of the Legion? No 🔾	Yes O If yes, Membership) #						
Membership	Type								
Ordinary (Veteran)	Indicate Type of Service and	l Service #							
	Reserve "C Class" Wart NATO RCMI Coast Guard NOR. Cadet Instructor Cadre (CIC	me Can. Reg. Force R.N.F. Constabulary DOMESTAD	O Her Majesty's Reg. Force O Wartime Allied Force O Vietnam	ReserveUnderground ForcePolice Force					
O Associate				1 . / 1 1.					
Relationship:	O I am the parent, spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligible								
	for Ordinary membership. Indicate relationship:								
	O I am the child, spouse, parent, sibling of an Associate member of Command/Branch #: and whose Name and Membership # is:								
	and whose Name and Mer	·							
OR Type of Service	Cadets or Cadet Civilian InsFederal or Provincial Emerg			Service #:					
The Royal Canadiar	g: I am a non-Canadian citizen (·					
	scription le a one-year subscription rate on 19 per year. OI would like the								
purposes of the Legio overthrow of our gov I hereby certify that I I hereby certify that I h I hereby certify to the by the constitution, r	laration clare that I am not a member of, in, and I am not a communist, fromment by force or which advitable have never been expelled from the experience of all the particulules and by-laws of The Royal mail updates on Legion news ar	ascist or anarchist, and do no rocates, encourages or partion on any Legion Branch or any y discharged from, deserted ars contained herein and m Canadian Legion.	ot, and will not, support any ore cipates in subversive action or p other Veteran's organization from nor evaded service in the	ganization advocating the propaganda. e Forces of any country.					
Dominion Command, Toccasion, Dominion Co	formation for RCL Member Ben The Royal Canadian Legion, do Immand may provide a Partn Ucts and services being offere	oes not rent or sell the nan er in the Member Benefits I	Package program with memb	pers' name and addresses					
○I consent ○I do not	consent to share my name/	address with the Member B	enefits Package program.						
A 1: 10: 1			Date:						

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TO BE COMPLETED BY THE LEGION BRANCH

Command:	Branch Name:			Branch #:				
Branch Address:								
Service information			Palati	ionshin:		who is/was		
Person who served: O Self or (Name):								
			Membership #:					
Service #								
	_		e ○Birth Certificate ○Ado	ption Certific	ate			
Other:			_ Type of Discharge:					
			Nedals / Decorations:					
Theatres of Service.			Medais / Decorations					
Next Of Kin								
Name: Re			elationship: Tel:					
Administration Certified that section 221 of submitted where applicable		aws has been appl	ied and that satisfactory pro	of of service	and relationship	has been		
Branch Membership Comm	nittee:			Da	ate:			
Date Passed at General Med	Date of Initiation:							
O Membership Dues Paid:				D	ate:			
O Membership Registration	n Form and Per Ca	pita Tax Submitted	d to Dominion Command	D	ate:			
Record Of Legion Se Date of Original Admission			Membership #:	Date	of Initiation			
Dale of Original Authission	io Legion	I	viemoersnip #	Date	e Of Illillation			
		Bra	anch Joined					
Command & Branch #	Location		Date Joined		Date Left			
Office Held			Honours And Awards Held					
Command & Branch #	Office	Date	Command & Brand	:h #	Award	Date		

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