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

BRANCH NAME A	ND NUMBER:				
BRANCH ADDRES	S:				
APPLICANT'S FULL NAME:SURNAME			FIRST	INT.	
ADDRESS:		CITY	PROV.		
	E1/PO BOX/RR/SITE#				
				Citizenship:	
HAVE YOU EVER	BEEN A MEMBER? YES _	NO			
IF YES WHERE?					
If Applicable :	/ Regimental No:		Polationship to	Sarvica Parcan	
	I HEREBY certify to and make applica the	o the correctne tion for membe Constitution, F	ss of the above c	oncerning myself ree to abide by	
Applicant's Signature	e:		Date:		
Proposed by:		Seconde	Seconded:		
Date Passed at General Meeting:		Date of Initiation:			
President:		Secretar	Secretary:		
Revised May 2020					