

Graduating Cadet Application

ONE YEAR FREE MEMBERSHIP



COMMAND: _____ DOMINION _____ BRANCH NAME: _____ GRADUATING CADET _____ BRANCH No.: _____ 13-200 _____

BRANCH ADDRESS: _____ 86 Aird Place, Ottawa, Ontario K2L 0A1 _____

Applicant's Name: Mr Mrs Ms _____
Surname Given names

Address: _____
Street / PO Box / RR # / Site # City Prov Postal Code

Home Tel: _____ Other Tel: _____ E-mail: _____

Year of Birth: _____ Citizenship: _____ M F

Cadet Service Information

Date of Graduation: _____ Navy Army Air Force

Membership Type

Associate

Relationship: I am the spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligible for Ordinary membership. Indicate relationship: _____

I am the child, spouse, sibling of an Associate member of Command/Branch #: _____ and whose Name and Membership # is: _____

Affiliate Voting: I am a Canadian citizen or Commonwealth subject and support the aims and objects of The Royal Canadian Legion.

Affiliate Non-Voting: I am a non-Canadian citizen or a non-Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.

Statement of Fact

"I am a graduating member of the Cadet Program and I reaffirm loyalty to the Sovereign and Canada. I will support the Purposes and Objects of The Royal Canadian Legion and will abide by its General By-Laws."

Signature: _____ Date: _____

ONE YEAR FREE MEMBERSHIP. (* New members only, this membership does not include Legion Magazine subscription)
Completed application should be sent to: Membership Section, The Royal Canadian Legion, 86 Aird Place, Ottawa, ON K2L 0A1
Member Services 1-855-330-3344

Personal Information Consent

I understand that the personal information collected on this form will be used by The Royal Canadian Legion ("Legion") for the purposes of processing my membership application and communicating with me about my membership, and may be used internally by the Legion at the national, provincial and branch levels for administration purposes and for the other purposes provided in its Privacy Statement at legion.ca/legal. By completing, signing and submitting this form, I am giving my consent for the Legion to collect, use or disclose my personal information for these purposes. I understand that I may withdraw my consent at any time by contacting Legion Member Services at 855-330-3344.

Applicant Signature: _____ Date: _____