

Ladies' Auxiliary Alberta N.W.T - Application for Membership



Ladies' Auxiliary Name: _____ Ladies' Auxiliary # _____

Ladies' Auxiliary Mailing Address: _____

Members Information:

Applicant's Name: _____

Address: _____
Last First Init.

Street Address City Province Postal Code

Phone # Home: _____ Cell: _____ Email: _____

Date of Birth: _____

Name of Serviceman or ex-Serviceman _____

Relationship to Applicant noted above: _____

Category of Membership:

Ordinary Associate Voting Affiliate NonVoting Affiliate

I HEREBY AGREE to abide by the Constitution, Rules and By-Laws of the Ladies' Auxiliary to the Royal Canadian Legion:

Applicant Signature _____ Date _____

Proposed by _____ Seconded by _____ Date _____

Date of Initiation _____

LA Secretary _____ LA President _____

Type of volunteer activities that interest you:

Volunteering Participating in Educational Activities Fund Raising

Helping with Auxiliary Projects Working with Young People

1 copy stays on Auxiliary file, 1 copy to the member and 1 copy is sent to Ladies' Auxiliary Command Office P.O. Box 44039 SouthCentre, Calgary, Alberta T2J 7C5