

**APPLICATION FOR 20\_\_ MEMBERSHIP**  
**Ladies' Auxiliary**  
**To The Royal Canadian Legion**  
 Alberta-N.W.T. Command

\_\_\_\_\_ First Year is Free \_\_\_\_\_

**PLEASE PRINT OR TYPE**

Name and Number of Auxiliary.....

Name of Applicant in full.....

(Surname first)

Address.....

(City or Town) \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone..... Date of Birth.....

Name of Serviceman or Ex-Serviceman.....

Regt. No..... Service.....

Relationship of Applicant to Above.....

No. of Branch to which Ex-Serviceman belongs.....

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

Date..... Signature.....

Proposed by.....

Seconded by.....

Date Initiated.....

Auxiliary President \_\_\_\_\_ Auxiliary Secretary \_\_\_\_\_

Former Auxiliary(s) Location(s)/Date(s).....

Position(s) held.....

Please check those that you are interested in:

- Volunteering
- Participating in Educational Activities
- Fund Raising Projects
- Working with young people

**CATEGORY OF MEMBERSHIP**

- ORDINARY
- ASSOCIATE
- VOTING AFFILIATE
- NON VOTING AFFILIATE