



LADIES AUXILIARY ALBERTA N.W.T. – *Transfer Information*

Member's Name: _____

Name of Auxiliary Transferring From: _____

Name of Auxiliary Transferring To: _____

Dues Paid To: _____ Date Joined: _____

Number of years with latest auxiliary: _____

Any Positions held within the Auxiliary or Command Executive: _____

Previous committees or special activities: _____

Membership type: Ordinary ☐ Associate ☐ Voting Affiliate ☐ Life ☐

Awards presented: Cert. of Appreciation ☐ Cert. of Merit ☐ Life ☐

M.S.A. ☐ Palm Leaf ☐

Permission to Release Information for *Royal Canadian Legion Ladies' Auxiliary* to transfer to new branch:

Applicant's Signature

Date

Signatures required by the Auxiliary this Member is transferring from:

LA Auxiliary President

LA Membership Director

To be completed by Auxiliary Secretary the Member is transferring to:

Proposed by: _____ Seconded by: _____

LA Secretary: _____ LA President: _____

Date: _____

Revised 2025