



## 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