



LADIES AUXILIARY ALBERTA-NWT - *Membership Application*

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 Number (H) _____ (C) _____

Date of Birth: _____ E-mail: _____

Name of Serviceman or ex-Serviceman: _____

Relationship to Applicant noted above: _____

Category of Membership: Ordinary Associate Voting 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
AB-NWT Command Office 5003 52 Ave, Wetaskiwin, AB T9A 0W9 Phone no. 780-368-5015
Fax No 780-368-2045

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