



## LADIES AUXILIARY ALBERTA-NWT - *Membership Application*

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Ladies' Auxiliary Name: \_\_\_\_\_ Ladies' Auxiliary # \_\_\_\_\_

Ladies' Auxiliary Mailing Address: \_\_\_\_\_

### **Members Information:**

Applicant's Name: \_\_\_\_\_

Last

First

Init.

Address: \_\_\_\_\_

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 Revised 2025