

**APPLICATION FOR MEMBERSHIP  
IN THE LADIES' AUXILIARY  
OF THE  
ROYAL CANADIAN LEGION**

**18**

Branch \_\_\_\_\_

Branch Address \_\_\_\_\_

-----  
Name in Full \_\_\_\_\_  
(SURNAME FIRST)

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been a Member? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Where? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Regimental No. (if Applicable) \_\_\_\_\_

Relationship to Service Person \_\_\_\_\_

I HEREBY certify to the correctness of the above particulars  
concerning myself and make application for membership in, and  
agree to abide by the Constitution, Rules and By-laws of the  
Ladies' Auxiliary, the Royal Canadian Legion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Proposed by \_\_\_\_\_

Seconded by \_\_\_\_\_

Date of Initiation \_\_\_\_\_

\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary