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

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