



ORDINARY
 ASSOCIATE
 AFFILIATE VOTING
 AFFILIATE NON-VOTING

(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: _____ Branch Name: _____ Branch No.: _____

Branch Address: _____

Applicant's Name: Mr Mrs Ms _____

surname

given names

Address: _____

street / po box / RR# / site #

city

prov

postal code

Phone No: (Home) _____ (Other) _____ E-Mail _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____ M F

Next of Kin: _____ Relationship: _____

Have you ever been a member of the Legion? No Yes **If yes, complete "Record of Legion Service" on Page 2.**

What BRANCH ACTIVITIES interest you most?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Service Work - Welfare | <input type="checkbox"/> Remembrance - Poppy | <input type="checkbox"/> Branch Social Activities | <input type="checkbox"/> Organization - Administration |
| <input type="checkbox"/> Sports Program | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Other _____ |

ORDINARY MEMBERSHIP	Please complete <i>Sections D & E and Page 2</i>
ASSOCIATE MEMBERSHIP	Please complete <i>Sections A or B or C and Page 2</i>
AFFILIATE VOTING/NON-VOTING MEMBERSHIP	<i>Please complete Page 2</i>

A (Must also complete Sections "D" and "E")
I have served in the: Cadets
 Cadet Civilian Instructors
 Navy League of Canada
 Polish Forces
 Fire Services

B (Must also complete Sections "D" and "E")
I am the: Parent
 Spouse
 Widow/er
 Grandchild
 Child
 Sibling
 Niece/Nephew **of a person who is/was eligible for Ordinary Membership; and is/was:** Canadian citizen or Commonwealth subject
 USA citizen (USA only)
 NATO country citizen (Europe only)

C (Must also complete Sections "D")
I am the: Child **of an Associate Member; or I am the:** Spouse
 Parent
 Sibling **of an Associate Member who qualified under Section "A" or Section "B": who is an Associate Member of Branch:** _____ **and whose Name and Membership Number is:** _____
Command and Branch No. #

D Eligibility and/or Relationship is established by: Discharge Certificate
 Service Records
 Marriage Certificate
 Birth Certificate
 Adoption Certificate
 Other _____

E Service Information for: Ordinary Membership
 Associate Membership
Person who served: Self or: _____ Relationship: _____ who is/was an Ordinary Member of Branch: _____ Membership #: _____
Command and Branch No.

Date of enlistment: _____ Service No: _____ Rank: _____ Service Unit: _____

- Type of Service:**
- | | | | | |
|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> Reserve "C Class" | <input type="checkbox"/> Wartime | <input type="checkbox"/> Can. Reg. Force | <input type="checkbox"/> Her Majesty's Reg. Force | <input type="checkbox"/> Reserve |
| <input type="checkbox"/> NATO | <input type="checkbox"/> RCMP | <input type="checkbox"/> R.N.F. Constabulary | <input type="checkbox"/> Wartime Allied Force | <input type="checkbox"/> Underground Force |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> NORAD | <input type="checkbox"/> US Force | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Police Force |
| <input type="checkbox"/> Still Serving | <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Discharged | Date: _____ | Type of Discharge: _____ | | |

Theatres of Service: _____

Medals and Decorations: _____

Membership dues include a minimum subscription rate of \$6.00 plus GST to Legion Magazine

ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

Privacy Statement for The Royal Canadian Legion

Dominion Command, The Royal Canadian Legion, does not rent or sell the names of members to any organization or advertiser. On occasion, Dominion Command may provide a Partner in the Member Benefits Package Program with members' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.
 I consent I do not consent to my name and address being provided for the Member Benefits Package Program.

Applicant's Signature: _____ **Date:** _____

- ◆ I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country.
- ◆ I hereby solemnly declare that I am not a member of, nor affiliated with, any group, party or sect whose interests conflict with the avowed purposes of the Legion, and I am not a communist, fascist or anarchist, and do not, and will not, support any organization advocating the overthrow of our government by force or which advocates, encourages or participates in subversive action or propaganda.
- ◆ I hereby certify to the correctness of all the particulars contained herein and make application for membership in and agree to abide by the constitution, rules and by-laws of The Royal Canadian Legion.
- ◆ I hereby certify that I am not eligible for Ordinary &/or Associate membership (applies to Affiliate Voting and Non-Voting members only).
- ◆ I hereby agree to participate in The Royal Canadian Legion's initiation ceremony, which shall include a declaration of loyalty and obedience to the General By-Laws.
- ◆ **If Magazine is NOT required please tick box:**

Applicant's Signature: _____ **Date:** _____

Proposer's Name: _____ **Signature:** _____
Print

Seconders Name: _____ **Signature:** _____
Print

RECORD OF LEGION SERVICE

Date of Original Admission to Legion: _____ Date of Initiation: _____

BRANCH JOINED

Command & Branch #	Location	Date Joined	Date Left

OFFICE HELD

HONOURS AND AWARDS HELD

Command & Branch #	Office	Date	Command & Branch #	Award	Date

Have you been expelled from any Legion Branch or any other veteran's organization? No Yes If yes, give Branch/Organization and particulars.

Command & Branch # _____ Particulars: _____

FOR BRANCH USE

Certified that section 221 of the General By-Laws has been applied and that satisfactory proof of service and relationship has been submitted where applicable.

Branch Membership Committee: _____ Date: _____

Date Passed at General Meeting: _____ Date of Initiation: _____

Membership dues paid: \$ _____ Date: _____

Member Registration Form and Per Capita Tax Submitted to Dominion Command Date: _____