Applicant Signature:_

Application For Membership



Applicant Name: OM	Ir OMrs OMs	Surname	Gir	ven names				
	Street / PO Box / RR # / Site #							
lome Tel:	Street / PO Box / RR # / Site #	Other Tel:	City	Prov E-mail :	Postal Code			
ave you ever been a	dd/mm/yyyy member of the Legion	? No ○ Yes	s ○ If yes, Membership	#				
Membership	_							
vieilioei siiip	Type							
○ Ordinary	– Indicate Type of Se	rvice and Se	rvice #					
Type of Service:		O RCMP O NORAD	OR.N.F. Constabulary	Her Majesty's Reg. ForceWartime Allied ForceVietnam				
○ Associate	o							
Relationship:	 I am the spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligited for Ordinary membership. Indicate relationship: 							
	OI am the child, spo	O I am the child, spouse, sibling of an Associate member of Command/Branch #: and whose Name and Membership # is:						
OR Type of Service	ce O Cadets or Cadet Ci	vilian Instruc ial Emergend	tor cy Response Service	Navy League of CanadaPolish Armed Forces	Service #:			
EGION Magazine Sub 1embership dues incl	ude a one-year subscri		\$9.49 plus applicable tax ive my copies of LEGION					
	Declaration	_		ч мадагше.				
support the mission of have read and agree hereby solemnly decoupurposes of the Leg by force or which are hereby certify that I hereby certify that I hagree to participate in	nce and to serve our corstatement of the Royal to support the purpose lare that I am not a me gion, and I do not, and docates, encourages chave never been expelled ave never been dishort the annual Poppy Can	nmunities ar Canadian Lec es and object mber, nor af will not, sup or participate ed from any lourably disc npaign	nd our country. gion ives of the Royal Canadi filiated with, any group, port any organization ad s in subversive action or Legion Branch or any ot	her Veterans organization rom nor evaded service in the	neral By-Laws) s conflict with the avower or government			
-		-	-	to the correctness of all the par	ticulars contained herein:			
				Date:				
Congratulations you a are at the discretion of your		ember ot the	e Koyal Canadian Legior	1 (Subject to Branch policy, further w	velcoming ceremony processe			
Dominion Command, T Dominion Command m products and services b	nay provide a Partner in to being offered. Please ind	on, does not the Member l icate whethe	rent or sell the names of					

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Date:

TO BE COMPLETED BY THE LEGION BRANCH

Command:		Branch Name:		Branch #:			
Branch Address:							
Service Information	For (Name):		Do	plationshin		who is was	
	Relationship: Membership #:						
				Membership	#:		
Service #							
Documentation Service RecordOther:	narge Certificate	○ Marriage Certific	cate OBirth Certificate				
Discharge Date:	Discharge Date: Type of Discharge:						
Theatres of Service:			Medals/Decorations:				
Next of Kin Name:							
submitted where applicable Branch Membership Comm	ed and that satisfactory proof of service and relationship has been Date: Date of Initiation:						
Membership Dues Paid:							
Membership Registration							
Record of Legion Ser Date of Original Admission		N	//embership #:		Date of Initiation:		
		Bra	anch Joined				
Command & Branch # Loc		ation	Date Joined		Date Left		
Office Held			Honours and Awards Held				
Command & Branch # Office		Date	Command & Branch #		Award Da		

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