

# Application For Membership



**Applicant Name:**  Mr  Mrs  Ms \_\_\_\_\_  
Surname Given names

**Address:** \_\_\_\_\_  
Street / PO Box / RR # / Site # City Prov Postal Code

**Home Tel:** \_\_\_\_\_ **Other Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_ **M**  **F**   
dd/mm/yyyy

Have you ever been a member of the Legion? No  Yes  If yes, Membership # \_\_\_\_\_

## Membership Type

**Ordinary** – Indicate Type of Service and Service # \_\_\_\_\_  
Type of Service:  Reserve "C Class"  Wartime  Can. Reg. Force  Her Majesty's Reg. Force  Reserve  
 NATO  RCMP  R.N.F. Constabulary  Wartime Allied Force  Underground Force  
 Coast Guard  NORAD  US Force  Vietnam  Police Force  
 Cadet Instructor Cadre (CIC)  Non-military

**Associate**  
Relationship:  I am the parent, spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligible for Ordinary membership. Indicate relationship: \_\_\_\_\_  
 I am the child, spouse, parent, sibling of an Associate member of Command/Branch #: \_\_\_\_\_ and whose Name and Membership # is: \_\_\_\_\_

**OR** Type of Service  Cadets or Cadet Civilian Instructor  Navy League of Canada Service #: \_\_\_\_\_  
 Federal or Provincial Emergency Response Service  Polish Armed Forces

**Affiliate Voting:** I am a Canadian citizen or Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.

**Affiliate Non-Voting:** I am a non-Canadian citizen or a non-Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.

### LEGION Magazine Subscription

Membership dues include a one-year subscription rate of \$9.49 plus applicable taxes.

I would like the French insert.  I do not wish to receive my copies of LEGION Magazine.

## Applicant Declaration

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 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 that I have never been expelled from any Legion Branch or any other Veteran's organization.

I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country.

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 would like to get e-mail updates on Legion news and advocacy.

### Permission to Release Information for RCL Member Benefits Package

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' name and addresses to advise them of products and services being offered. Please indicate whether you consent to this procedure:

I consent  I do not consent... to share my name/address with the Member Benefits Package program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TO BE COMPLETED BY THE LEGION BRANCH

Command: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

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

## Service information

Person who served:  Self or (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_ who is/was  
an Ordinary Member of Command/Branch: \_\_\_\_\_ Membership #: \_\_\_\_\_

Service # \_\_\_\_\_

## Documentation

Service Record  Discharge Certificate  Marriage Certificate  Birth Certificate  Adoption Certificate

Other: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Theatres of Service: \_\_\_\_\_ Medals / Decorations: \_\_\_\_\_

## Next Of Kin

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

## Administration

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: \_\_\_\_\_

Membership Registration Form and Per Capita Tax Submitted to Dominion Command Date: \_\_\_\_\_

## Record Of Legion Service

Date of Original Admission to Legion: \_\_\_\_\_ Membership #: \_\_\_\_\_ 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