



THE ROYAL CANADIAN LEGION

APPLICATION FOR AFFILIATE VOTING MEMBERSHIP *(CANADIAN CITIZENS OR COMMONWEALTH SUBJECTS ONLY)

(TYPE OR PRINT IN BLOCK LETTERS)

**A NON-VOTING MEMBER MUST HAVE A MINIMUM OF 24 MONTHS CONTINUOUS SERVICE FROM EFFECTIVE DATE OF MEMBERSHIP.
EFFECTIVE DATE OF MEMBERSHIP BEGINS IN THE MEMBERSHIP YEAR PAID FOR (SEE MEMBERSHIP ELIGIBILITY GUIDE)**

Command Branch Name Branch No.
Branch Address

Applicant's Name: Mr Mrs Ms
surnommé given names

Address
street / po box # / RR # / site # city prov postal code

Phone No (Home) (Bus) E-Mail

Date of Birth Place of Birth *Citizenship Gender: M F

Membership Number Date of Original Membership
Day Month Year

Last Year Paid Years of Service

Have you been an Affiliate Non-Voting Member at another branch? Yes No If yes, list Command and branch numbers
.....
.....

Have you worked on any committees or special events? Yes No If yes, please indicate below
.....
.....

Is this your first application for Affiliate Voting Membership? Yes No If "no", please give dates and Command and branch numbers of previous applications
.....
.....

Applicant's Signature Date

Proposer's Name Proposer's Signature
(print)

Seconder's Name Seconder's Signature
(print)

Certified that applicable service and other requirements have been met

Branch Membership Committee Date

Provincial Command Approval (where required) Date

Date passed at general meeting Date of Initiation

Membership Fee Paid \$ Date

Membership fee includes subscription to the Legion Magazine. If Magazine is NOT required please check box :

(Please see Branch Activities Section on Reverse)

RECORD OF LEGION SERVICE

Date of original admission to Legion:

Name and Number of Branch, location and date of initiation:

.....

List of Branches in which you have been a member with dates of joining and leaving, if known:

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List any Committees or projects you have worked on showing Branch and dates:

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.....

List any Honours and Awards granted, showing Branch and Command and dates:

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Have you been expelled from any Legion Branch or any other Veteran's Organization?

If yes, give Branch/Organization and particulars:

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.....

.....

What Branch Activities Interest You Most?

Service Work - Welfare

Remembrance - Poppy

Branch Social Activities

Community Activities

Committee Work

Sports Program

Youth Activities

Organization - Administration

Other.....

Other