

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: _____

HELP MAKE A DIFFERENCE



WHAT BRANCH ACTIVITIES INTEREST YOU THE MOST?

VOLUNTEERS ARE THE FOUNDATION OF BRANCH OPERATIONS. WITH THE EXCEPTION OF THE BOOKKEEPER, BAR TENDERS AND JANITOR, ALL OTHER FACETS OF THE LEGION OPERATIONS ARE MADE POSSIBLE BY MEMBERS AND VOLUNTEERS. AS A MEMBER OF THE BRANCH, WE WELCOME YOUR SUPPORT IN ANY WAY YOU ARE ABLE. VOLUNTEERING NOT ONLY HELPS THE BRANCH, BUT IT ALSO BENEFITS THE COMMUNITY, IS REWARDING AND CREATES A STRONGER SENSE OF BELONGING.

WE HOPE YOU WILL CONSIDER SIGNING UP TO ASSIST IN ANY OF THE FOLLOWING AREAS:

NAME _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

ADMINISTRATION _____ LOUNGE _____

BUSINESS PARTNER _____ MEMBERSHIP _____

CADETS _____ PADRE ASSISTANCE _____

EXECUTIVE/COMMITTEE WORK _____ PUBLIC RELATIONS _____

ENTERTAINMENT & SOCIAL ACTIVITIES _____ REMEMBRANCE DAY (POPPY) _____

EMERGENCY MEASURES _____ SENIOR AID _____

GAMING _____ SERVICE WORK _____

HONOURS & AWARDS _____ SPORTS PROGRAM _____

HOUSE & PROPERTY _____ YOUTH ACTIVITIES _____

KITCHEN HELP _____ ZONE _____

ANY OTHER _____

QUESTIONS? CONTACT JOHN GURAK – MEMBERSHIP CHAIR AT RCL211_1@SHAW.CA

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

Command & Branch #	Location	Date Joined	Date Left

Office Held			Honours And Awards Held		
Command & Branch #	Office	Date	Command & Branch #	Award	Date

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