### The Royal Canadian Legion

# **Application For Membership**



Applicant Name:	OMr OMrs OMs			
	NAME OF ANY CONTRACTOR OF ANY ADDRESSED	Surname	Given names	
Address:				
	Street / PO Box / RR # / Site #	City	Prov	Postal Code
Home Tel:		_Other Tel:	E-mail:	
Date of Birth:		Citizenship:		MO FO
	dd/mm/yyyy			

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

### **Membership Type**

• Ordinary Type of Service:	<ul> <li>Indicate Type of Service and Service #</li></ul>	O Her Majesty's Reg. Force O Wartime Allied Force O Vietnam	<ul> <li>Reserve</li> <li>Underground Force</li> <li>Police Force</li> </ul>							
• Associate Relationship:										
<b>OR</b> Type of Servi	ice O Cadets or Cadet Civilian Instructor O Federal or Provincial Emergency Response Service	<ul> <li>Navy League of Canada</li> <li>Polish Armed Forces</li> </ul>	Service #:							
The Royal Canad	I am a Canadian citizen or Commonwealth subject from a lian Legion. <b>ting:</b> I am a non-Canadian citizen or a non-Commonwealth									

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.

### **Membership Declaration and Initiation**

#### The Royal Canadian Legion's mission is to serve veterans, which includes serving military and RCMP members and their families, to promote remembrance and to serve our communities and our country.

I support the mission statement of the Royal Canadian Legion

I have read and agree to support the purposes and objects of the Royal Canadian Legion (located in the General By-Laws)

I hereby solemnly declare that I am not a member, 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, or had my membership revoked, from any Legion Branch or any other Veterans organization I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country I agree to participate in the annual Poppy Campaign

I agree to abide by the constitution, rules and by-laws of the Royal Canadian Legion.

Initial here to confirm you agree with the above declaration and requirements.

#### **Personal Information Consent**

I understand that the personal information collected on this form will be used by The Royal Canadian Legion ("Legion") for the purposes of processing my membership application and communicating with me about my membership, and may be used internally by the Legion at the national, provincial and branch levels for administration purposes and for the other purposes provided in its Privacy Statement at legion.ca/legal. By completing, signing and submitting this form, I am giving my consent for the Legion to collect, use or disclose my personal information for these purposes. I understand that I may withdraw my consent at any time by contacting Legion Member Services at 855-330-3344.

Applicant Signature:

Date:

Congratulations you are now an initiated member of the Royal Canadian Legion subject to Branch policy. Further welcoming ceremony processes are at the discretion of your local Branch.

### TO BE COMPLETED BY THE LEGION BRANCH

Documentation         Service Record       Discharge Certificate       Marriage Certificate       Birth Certificate       Adoption Certificate         Other:	Command: Branch Address:	E	Branch Name:		Br	anch #:		
Service #	Service Information			Relationship:			who is/was	
Service Record       Discharge Certificate       Marriage Certificate       Adoption Certificate         O ther:								
Theatres of Service:	○ Service Record ○ Discha	<u>_</u>			Adoption Certifi	cate		
Theatres of Service:	Discharge Date:		.: 	_ Type of Discharge:				
Name:								
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:					Tel: _			
Membership Registration Form and Per Capita Tax Submitted to Dominion Command Date:	Certified that section 221 of the submitted where applicable. Branch Membership Commit Date Passed at General Meet	tee: ng:	а б	D	Date: ate of Initiation:			
Record of Legion Service         Date of Original Admission to Legion:								
Command & Branch #     Location     Date Joined     Date Left       Office Held     Honours and Awards Held	Record of Legion Serv	vice	M	1embership #:		Initiation:		
	Command & Branch #	Loca	tion	Date Joined		Alter and a straight and a straight and a straight a		
Command & Branch #     Office     Date     Command & Branch #     Award     Date	Offi	ce Held		Hono	urs and Awa	ırds Held		
	Command & Branch #	Office	Date	Command & Brand	ch #	Award	Date	

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