



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 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, 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.

Membership Declaration

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 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.

Your signature indicates that you agree with the above listed requirements and attest to the correctness of all the particulars contained herein:

X _____ Date: _____

Congratulations you are now a member of the Royal Canadian Legion (Subject to Branch policy, further welcoming ceremony processes are at the discretion of your local Branch)

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