The Royal Canadian Legion

Application For Membership



Applicant Name: OMr	O Mrs O Ms			
• •		Surname	Given names	
Address:				
	eet / 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 m	nember of the Legion?	No ○ Yes ○ If yes, M	embership #	

Membership Type

Ordinary	– Indicate Type of Service and Service #					
Type of Service:	 Reserve "C Class" Wartime NATO RCMP Coast Guard NORAD Cadet Instructor Cadre (CIC) 	 Can. Reg. Force R.N.F. Constabulary US Force Non-military 	 ○ Her Majesty's Reg. Force ○ Wartime Allied Force ○ Vietnam 	 Reserve Underground Force Police Force 		
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:					
OR Type of Service	e 🔿 Cadets or Cadet Civilian Instruc O Federal or Provincial Emergenc		 ○ Navy League of Canada ○ Polish Armed Forces 	Service #:		
• 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 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 objectives 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:

v	
\mathbf{x}	

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.

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:

 \bigcirc I consent \bigcirc 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:	I	Branch Name:		Branch #:		
Branch Address:						
Service Information Person who served: O Self or (Name):						
an Ordinary Member of Co	mmand/Branch: _			Membership	#:	
Service #						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Documentation Service Record Disch Other: 	-	-		O Adoption	Certificate	
Discharge Date:			_ Type of Discharge:			
Theatres of Service:						
Next of Kin						
Name:		Re	elationship:		_Tel:	
submitted where applicable Branch Membership Comm Date Passed at General Mee	ittee:					
O Membership Dues Paid:					Date:	
O Membership Registration		-			Date:	
Record of Legion Ser Date of Original Admission	vice	N				
Command & Branch #	Location		Date Joined		Date Left	
Of	fice Held		Но	nours and	Awards Held	
		Date	Command & Branch #		Award Date	

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