**APPLICATION FOR MEMBERSHIP** IN THE LADIES'AUXILIARY

OF THE

## **ROYAL CANADIAN LEGION**

18

Branch	
Branch Address	
Name in Full Address	(SURNAME FIRST)
Postal Code	Phone #
Have you ever be	en a Member? Yes No
If YES, Where?	
Regimental No. (i	Applicable)
Relationship to Se	rvice Person
	I HEREBY certify to the correctness of the above particulars concerning myself and make application for membership in, and agree to abide by the Constitution, Rules and By-laws of the Ladies' Auxiliary, the Royal Canadian Legion.
Date	Signature
Proposed by	
Seconded by	
Date of Initiation	
 	sidentSecretary
Pre	sident Secretary