

MEMBERSHIP FORM PROCESSING GUIDE

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PROCESSING GUIDE

This Guide is intended for the Branch Secretary, the Branch Membership Chairman and other Branch or Provincial Command personnel who are involved in administrative duties dealing with membership. It illustrates sample forms that are used in the Legion's membership processing system, explains how they should be completed and submitted and contains many helpful hints on ways to make the system better for you and the member.

It is important to ensure that the appropriate forms are completed and submitted to Dominion Command in order to ensure that memberships are processed in a timely fashion. The various forms required to process membership are supplied by Dominion Command and can be ordered free of charge from the Supply Department. Items available for order can be found on the Supply Requisition Form.

The Branch Membership Chairman should review the General-By-Laws and the Eligibility Guide to ensure that the correct procedures are followed when completing application forms for new and reinstated members. The membership processing forms are designed specifically for providing information from the branch to Dominion Command computer system. They are the communication link required to ensure that the information required by Dominion Command is stated and processed in the most efficient way possible. Thousands of transactions are handled daily by the membership staff and it is important that the information be stated clearly and fully. The appropriate form must accompany every transaction submitted to Dominion Command.

This Guide is by far the most useful tool when processing membership transactions and anyone dealing with membership at the branch should make constant use of it. Most processing errors could be avoided by referring to this guide.

CHAPTER 1

FORMS

The following figures illustrate the Membership forms available from the Legion Supply Department.

		Member Registration Form Formulaire d'Inscription du Membre			
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE					
MEMBER NUMBER / NUMÉRO DU MEMBRE		COMMAND / DIRECTION	BRANCH NUMBER / NUMÉRO DE FILIALE	DAY / JOUR	MONTH / MOIS
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
MAILING ADDRESS / ADRESSE DE COURRIER					
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
EMAIL / COURRIEL					
MEMBERSHIP CATEGORY / CATEGORIE D'ADHESION					
<input type="checkbox"/> LIFE / VIE		<input type="checkbox"/> HONORARY / HONORAIRE	<input type="checkbox"/> ASSOCIATE / ASSOCIÉ	<input type="checkbox"/> ANNUAL / ANNUÉL	<input type="checkbox"/> RESERVE / RÉSERVÉ
B MANDATORY / MANDATOIRE					
CITIZENSHIP / CITOYENNETÉ		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for RCL Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC			
MAGAZINE / REVUE		ENGLISH / ANGLAIS	FRENCH / FRANÇAIS	NONE / AUCUNE	YEAR OF BIRTH / ANNÉE-NAISSANCE
					GENDER / SEXE
C MILITARY SERVICE / SERVICE MILITAIRE			SERVICE NUMBER / NUMÉRO MATRICULE		
<input type="checkbox"/> NAVY / MARINE	<input type="checkbox"/> ARMY / ARMÉE	<input type="checkbox"/> AIR FORCE / FORCE AÉRIENNE	<input type="checkbox"/> RCAF / RCAF	<input type="checkbox"/> RESERVE / RÉSERVÉ	<input type="checkbox"/> OTHER / AUTRE
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHESION EST POUR		20	20	20	DUPLICATE CARD / DEUXIÈME CARTE
<input type="checkbox"/> RENEWAL / RENOUVELLEMENT		<input type="checkbox"/> REINSTATED / REINTEGRATION	<input type="checkbox"/> NEW-FULL YEAR / NOUVEAU-UNE ANNÉE	<input type="checkbox"/> NEW-HALF YEAR (after June 30) / NOUVEAU-DEMI-ANNÉE (après 30 juin)	<input type="checkbox"/> NEW-THIRD YEAR (after Aug. 31) / NOUVEAU-TIERS-D'ANNÉE (après 31 août)
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID — INDICATE YEARS BEING PREPAID / ANTICIPÉS — INDIQUE LES ANNÉES ANTICIPÉES		20	20	20	20
2. LIFE — INDICATE NO. OF YEARS BEING PAID / À VIE — INDIQUE LE NOMBRE D'ANNÉES PAYÉES		<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 15
					PROVINCIAL COMMAND / DÉPARTEMENT PROVINCIALE
<input checked="" type="checkbox"/> BRANCH APPROVAL / AUTORISATION DE FILIALE		<input checked="" type="checkbox"/> PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE			
WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / ÉLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA FILIALE					

FIGURE 1-1 — MEMBER REGISTRATION FORM

		<h2>Member Data Change Form</h2> <h3>Modifications des Données sur le Membre</h3>			
<p>ATTACH REGISTRATION FORM OR RENEWAL CARD OR MAKING PAYMENT / JOINDRE UN FORMULAIRE D'INSCRIPTION OU CARTE DE RENEUVELLEMENT SI VOUS FAITES UN PAYEMENT</p>					
<p>A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE <small>(Complete Section "A" for all transactions) / (Remplir Section "A" pour toutes transactions)</small></p>					
MEMBER NUMBER / NUMÉRO DU MEMBRE		COMMAND / DIRECTION		BRANCH NUMBER / NUMÉRO DE FILIALE	
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE					
CITY / VILLE		PROVINCE		POSTAL CODE / CODE POSTAL	
COUNTRY / PAYS					
EMAIL / COURRIEL					
<p>MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: <input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT <input type="checkbox"/> MEMBERSHIP LIFE / À VIE MÉRITÉ</p>					
<p>CITIZENSHIP / CITOYENNETÉ: <input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON</p>					
<p>PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for RCL Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC <input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON</p>					
<p>B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS</p>					
COMMAND / DIRECTION		BRANCH NUMBER / NUMÉRO DE FILIALE		YRS OF CONTINUOUS SERVICE / ANCS DE SERVICE CONTINUÉ	
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE					
CITY / VILLE		PROVINCE		POSTAL CODE / CODE POSTAL	
COUNTRY / PAYS					
<p>MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: <input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT</p>					
<p>REASON FOR CHANGE / RAISON POUR CHANGEMENT</p>					
MILITARY SERVICE / SERVICE MILITAIRE				SERVICE NUMBER / NUMÉRO MATRICULE	
<p> <input type="checkbox"/> WW I / 1^{re} GM <input type="checkbox"/> WW II / 2^e GM <input type="checkbox"/> KOREA / COREES <input type="checkbox"/> GULF / GOLFE <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> AIRFORCE / AÉRIENNE <input type="checkbox"/> CF / FC <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVES / RÉSERVES <input type="checkbox"/> OTHER / AUTRE </p>					
MAGAZINE / REVUE		DECEASED / DÉCÉDÉ		YEAR OF BIRTH / ANNÉE NAISSANCE	
BRANCH APPROVAL / AUTORISATION DE FILIALE		PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE			
<p>X Branch Secretary or Representative / Secrétaire / Représentant de la Filiale ou Représentant d'adhésion</p>		<p>X If signed for in person / Si signé par soi-même</p>			
<p>YELLOW: DOMINION COMMAND COPY / BLEU: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE</p>					

FIGURE 1-2 — MEMBER DATA CHANGE FORM

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale			THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE		
DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	COMMAND / DIRECTEUR	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE		
NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS	YEAR PAID FOR / ANNÉE FAITE			RATE / TAUX	AMOUNT REMITTED / MONTANT REMIS		
	FULL YEAR FOR ANNÉE COMPLÈTE POUR			2 0 __	\$	\$	
				2 0 __	\$	\$	
				2 0 __	\$	\$	
	HALF YEAR (after June 30) DEMI ANNÉE (après 30 juin)			2 0 __	\$	\$	
	THREE YEAR (after August 31) TRES ANNÉES (après 31 août)			2 0 __	\$	\$	
				2 0 __	\$	\$	
	PREPAID FOR PRÉPAIE POUR			2 0 __	\$	\$	
				2 0 __	\$	\$	
				2 0 __	\$	\$	
				2 0 __	\$	\$	
	LET MEMBERSHIP ADHESION À VIE			NO. OF YEARS N° D'ANNÉES	\$	\$	
				NO. OF YEARS N° D'ANNÉES	\$	\$	
	DUPLICATE CARD DOUZIÈME CARTE				\$	\$	
TOTAL NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS				TRANSMITTAL TOTAL / TOTAL REMISE		\$	
FOR BRANCH COMMAND ONLY À L'USAGE DE LA DIRECTION NATIONALE		CREDIT AVAILABLE / CREDIT DISPONIBLE			DEDUCT CREDIT AMOUNT / MOINS MONTANT DU CREDIT		-\$
		DEBIT DOWNS / DÉBIT EN			ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT		+\$
		CHEQUE # / N° DU CHEQUE			CHEQUE TOTAL / TOTAL DU CHEQUE		\$
		X					

Branch Secretary or Branch Officer / Command / Secrétaires de la Branche ou Président / Filiales

1st: DOMINION COMMAND COPY / 2nd: BRANCH COPY / 3rd: COPIE DE DIRECTION NATIONALE / 4th: COPIE DE FILIALE

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309413 (11/2010)

FIGURE 1-3 — BRANCH TRANSMITTAL FORM

Application for Life Membership Demande pour membre à vie



Type or print in BLOCK letters and submit in duplicate / Taper ou lettres MOULÉES et soumettre en duplicata

Note: Please read the *Ritual, Awards and Protocol Manual* (Sections 224-231) before completing this application. / *SVP lire le Manuel du rituel, des récompenses et du protocole* (Sections 224-231) avant de compléter cette demande.

Command / Direction: _____ Date: _____
Name and Number / Nom et Numéro

Branch / Filiale: _____ Membership Strength / Effectif d'adhésion: _____
Name and Number / Nom et Numéro

Branch Mailing Address / Adresse postale de la Filiale: _____

Name of Candidate / Nom du candidat/de la candidate: _____

Membership No. / No. du Membre: _____ Member Admission Date / Date d'admission du membre: _____

HONOURS AND AWARDS PREVIOUSLY GRANTED / HONNEURS ET RÉCOMPENSES DÉJÀ ACCORDÉS:

Honour or Award / Honneur ou Récompense	Date	Honour or Award / Honneur ou Récompense	Date

Age / Âge: _____ **Note:** Satisfactory proof that the age of the candidate as stated has been submitted to the undersigned. / Preuve satisfaisante reçue par le sousigné que l'âge du candidat/ de la candidate est bien tel qu'indiqué.

59 years of age and under	15 years	59 ans ou moins	15 ans
60 - 64 years of age inclusive	10 years	60 - 64 ans inclusivement	10 ans
65 - 69 years of age inclusive	7 years	65 - 69 ans inclusivement	7 ans
70 years of age and over	5 years	70 ans et plus	5 ans

Number of years per capita tax / Nombre d'années de capitation: _____ Amount / Montant: \$ _____

Award approved at / Récompense approuvée à: _____ Date: _____
Type of meeting / Genre de réunion

Note: The citation attached to this application must be completed in detail as per regulations and must include services rendered in the Legion and may include services rendered in community. / La citation jointe à cette demande doit être complétée en détail, selon les règlements, et doit inclure les services rendus à la Légion et peut inclure les services rendus dans la communauté.

I, having prepared and/or reviewed the citation, certify that the information stated is fair and accurate. / Je, ayant préparé et/ou revu la citation mentionnée, certifie que l'information donnée est juste et équitable.

Name / Nom: _____ Date: _____
please print / lettre moulée

Signature: _____ Signature: _____
Senior Officer / Officier supérieur Secretary / Secrétaire

Recommend / Recommandé: _____ Date: _____
Provincial Command Honours and Awards Committee /
Comité des Honneurs et Récompenses de la direction provinciale

Signature: _____ Signature: _____
Zone Commander / Commandant du Zone District Commander / Commandant du district

FIGURE 1-4 — LIFE MEMBERSHIP APPLICATION FORM



THE ROYAL CANADIAN LEGION
APPLICATION FOR MEMBERSHIP



Page 1

ORDINARY
 ASSOCIATE
 AFFILIATE VOTING
 AFFILIATE NON-VOTING
(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: _____ Branch Name: _____ Branch No.: _____
 Branch Address: _____

Applicant's Name: Mr Mrs Ms
 Address: _____
 Phone (Home) _____ (Other) _____ E-Mail _____
 Date of Birth: _____ Place of Birth: _____ Citizenship: _____ M F
 Next of Kin: _____ Relationship: _____
 Have you ever been a member of the Legion? No Yes If yes, complete "Record of Legion Service" on Page 2.

What BRANCH ACTIVITIES interest you most?
 Service Work - Welfare
 Remembrance - Poppy
 Branch Social Activities
 Organization - Administration
 Sports Program
 Youth Activities
 Committee Work
 Other

ORDINARY MEMBERSHIP Please complete Sections D & E and Page 2
ASSOCIATE MEMBERSHIP Please complete Sections A or B or C and Page 2
AFFILIATE VOTING/NON-VOTING MEMBERSHIP Please complete Page 2

A (Must also complete Sections "D" and "E")
 I have served in the: Cadets
 Cadet Civilian Instructors
 Navy League of Canada
 Polish Forces
 Fire Services

B (Must also complete Sections "D" and "E")
 I am the: Parent
 Spouse
 Widow/er
 Grandchild
 Child
 Sibling
 Niece/Nephew of a person who is/was eligible for Ordinary Membership; and is/was: Canadian (Citizen or Commonwealth subject)
 USA (Citizen Ad-Ad-Ad)
 NATO country citizen (Commonwealth)

C (Must also complete Sections "D")
 I am the: Child of an Associate Member; or I am the: Spouse
 Parent
 Sibling of an Associate Member who qualified under Section "A" or Section "B": who is an Associate Member of Branch: _____ and whose Name and Membership Number is: _____

D Eligibility and/or Relationship is established by: Discharge Certificate
 Service Records
 Marriage Certificate
 Birth Certificate
 Adoption Certificate
 Other

E Service Information for: Ordinary Membership
 Associate Membership
 Person who served: Self or: _____ Relationship: _____ who is/was an Ordinary Member of Branch: _____ Membership #: _____
 Date of enlistment: _____ Service No: _____ Rank: _____ Service Unit: _____
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
 NSRAD
 US Force
 Vietnam
 Police Force
 Sea Serving
 Other: _____
 Cadet Instructor Cadre(CIC)
 Discharged: Date: _____ Type of Discharge: _____

Theatres of Service: _____ Medals and Decorations: _____

Membership dues include a minimum collection rate of \$7.35 per year (including GST) to Legion Missions. BC residents pay \$7.04, ON, NB and PE pay \$7.01 and NS pay \$8.05 per year.
ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

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FIGURE 1-5 — MEMBERSHIP APPLICATION FORM



THE ROYAL CANADIAN LEGION
APPLICATION FOR TRANSFER
(Type or Print in BLOCK LETTERS)



Command: _____ Branch Name: _____ Branch No.: _____
 Branch Address: _____

MEMBER INFORMATION

Applicant's Name: Mr Mrs Ms

Address: _____

Previous Address: _____

Phone No. (Home): _____ (Office): _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____ M F

Next of Kin: _____ Relationship: _____

Membership No.: _____ Membership Category: _____ Years of Service: _____

Last year paid in per membership card: _____ (Please complete Record of Legion Service on reverse)

PREVIOUS BRANCH INFORMATION

Command: _____ Branch Name: _____ Branch No.: _____

Branch Address: _____

Branch Phone No.: _____ Branch Secretary: _____

I hereby certify to the correctness of all particulars contained herein and make application to transfer membership.

Applicant's Signature: _____ Date: _____

FOR BRANCH USE

Note: Contact previous branch for confirmation of membership status prior to submission to Dominion Command.

Date of Contact: _____ Person Contacted: _____

Information from Previous Branch: _____

Approval of Branch Membership Committee: _____ Date: _____

(Use documentation received from previous Branch:
 (Should be received shortly after receipt of "Transfer Report" from Dominion Command)

Please Note: Transfer Application must be passed at branch general meeting PRIOR to submission to Dominion Command. Transfer cannot be canceled once processed by Dominion Command.

Date passed at General Meeting: _____

DOCUMENTATION SUBMITTED TO DOMINION COMMAND

Please Note: Transfer cannot be processed unless Per Capita Tax for the current year has been paid or is being paid at time transfer is submitted to Dominion Command. If submitting Per Capita Tax at time of transfer, a Member Registration Form must be attached to the Member Data Change Form.

Member Data Change Form Per Capita Tax AND Member Registration Form (Not Submitted: _____)

(Transfer Application Form to be retained at the Branch)

FIGURE 1-6 — APPLICATION FOR TRANSFER FORM

RILEY, PATRICK G 13-013 AS 10

RENEWAL CARD / CARTE DE RENOUVELLEMENT

 **The Royal Canadian Legion** **2011**
La Légion royale canadienne

RETURN THIS PORTION WITH PER CAPITA TAX
 RETOURNEZ CETTE PARTIE AVEC LA CAPITATION
 11-7889107

Corrections should **NOT** be made on this form. Submit changes on a Member Data Change Form.
 N'apportez **PAS** de corrections sur la présente carte. Veuillez utiliser le formulaire de modification des données sur le membre.

IMPORTANT: SEE SPECIAL INSTRUCTIONS ON REVERSE
IMPORTANT: VOIR INSTRUCTIONS SPÉCIALES AU VERSO

MEMBERSHIP CARD / CARTE DE MEMBRE

 **The Royal Canadian** **2011**
La LEGION **royale canadienne**

13 013 7889107 10 YEARS LEFT SERVING DE SERV. CONT.

COMANDOR BRANCH/COM. NO. 11

NAME / NOM: RILEY, PATRICK G

STATUS / STATUT: ASSOCIATE MEMBER / MEMBRE ASSOCIE

MEMBER SINCE / DEPUIS LE MEMBRE: DUES PAID TO / COPIATIONS PAYÉES: DEC 31 2011 / 31 DÉCEMBRE 2011

BRANCH SECRETARY / SECRETAIRE BRANCH: DOMANON SECRETARY / SECRETAIRE BRANCH: *P. H. White*

CARD MUST NOT BE ISSUED BEFORE DUES ARE PAID
LA CARTE NE DOIT PAS ÊTRE PRÉSENTÉE AVANT QUE LA COTISATION SOIT PAYÉE

FIGURE 1-7 — MEMBERSHIP RENEWAL CARD

LAST POST DEATH NOTICE

Legion Magazine publishes a removable Last Post Section in print twice a year, in the spring and fall, and at that time posts the entries in a searchable database on the Web site www.legionmagazine.com

Last Post is reserved for these groups: 1) **Ordinary members** of The Royal Canadian Legion at time of death; 2) **RCL life members** who were previously ordinary members; and 3) **Canadian war veterans** (WW I, WW II, Korean War, Gulf War) who were not RCL members at time of death.

The onus is on branches to submit notices promptly. Type or print to ensure legibility. Be thorough and accurate. We only publish in the print magazine those notices received at our Ottawa office within one year of death. Late notices will only be entered in the Last Post database on our Web site, where they will have historical value. We do not publish notices that lack a date of death.

Please note that because of the growing public concern about identity theft, we will no longer publish any service number that consists of 9 numerals since this could also be a social insurance number. Your understanding is appreciated.

SURNAME (INCLUDE MAIDEN NAME IF APPLICABLE)		RANK		GIVEN NAMES		GALLANTRY AWARDS	
SERVICE NUMBER		UNIT/BRANCH OF SERVICE					
WW I	<input type="checkbox"/>	WW II	<input type="checkbox"/>	KOREAN WAR	<input type="checkbox"/>	GULF WAR	<input type="checkbox"/>
DATE OF DEATH	MONTH	DAY	YEAR	AGE	LIFE MEMBER	ORDINARY MEMBER	VETERAN NON-MEMBER
NAME OF BRANCH AND LOCATION (TOWN OR CITY)		PROVINCE		BRANCH NO.			
LAST ADDRESS		APT OR PO BOX NO.		ADDRESS			
CITY		PROVINCE		POSTAL CODE			
DECEASED'S LEGION MEMBER NUMBER		LAST YEAR MEMBER PAID FOR					
NOTICE SUBMITTED BY		TITLE					

WIDOW(ER) INFORMATION

If the deceased was a Legionnaire and the widow(er) is not a Legion member and wishes Legion Magazine to be mailed for the duration of the calendar year, please provide the information requested below; otherwise the deceased's subscription will be canceled as of this notice.

If the deceased was a Legionnaire and the widow(er) is a Legion member but is not currently receiving the magazine, please provide the information requested below to reactivate the widow(er)'s subscription.

SPOUSAL INFO:	LEGION MEMBER	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	LEGION NO.
SURNAME OF WIDOW(ER)		GIVEN NAME				
APT OR PO BOX NO.		ADDRESS				
CITY		PROVINCE		POSTAL CODE		

MAIL THIS NOTICE TO: LAST POST, LEGION MAGAZINE, 86 AIRD PLACE, KANATA, ON K2L 0A1.
REORDER FROM: SUPPLY DEPT., THE ROYAL CANADIAN LEGION, 86 AIRD PLACE, KANATA, ON K2L 0A1, ASKING FOR FORM NO. 800430—August 2006

FIGURE 1-8 — LAST POST DEATH NOTICE

CHAPTER 2

HOW TO COMPLETE A MEMBERSHIP APPLICATION FORM

DESCRIPTION

Anyone applying for membership must complete a Membership Application Form which must be processed in accordance with the procedures set out in the General By-Laws.

Ensure that all eligibility documentation is attached, proof of citizenship has been established and the Privacy Statement has been completed.

The application must be proposed and seconded by voting members of the branch.

Once the application has been approved by all the appropriate parties, this and any other required eligibility documentation is to be maintained by the branch in the member's file; do not send to Dominion Command.

Branches must use a Member Registration Form to register a new/reinstated member at Dominion Command.

FORMS TO USE

201. MEMBERSHIP APPLICATION FORM (See Figure 1-5)
(White two sided form) (Stock # 800293)

PROCESS

202. ORDINARY MEMBERSHIP—MEMBERSHIP APPLICATION FORM (See Figures 2-1 and 2-2) In order to apply for Ordinary membership the applicant must be a Canadian Citizen or Commonwealth subject.
 - a. Select the box at the top of the form to indicate membership category;
 - b. Complete the branch information section;
 - c. Complete the member information section for the person applying for membership;
 - d. Select the activities in which the member has indicated an interest;

- e. Complete Section D & E and Page 2 of application form;
 - i. Section "D" – tick the appropriate box to indicate the documentation that was provided as proof of eligibility;
 - ii. Section "E"– Provide service information – indicate the applicable area; and
 - iii. Proceed to page 2 of the application form.
- f. Complete the Privacy Statement – This is a mandatory requirement. Applicant must complete and sign this section. Members cannot be processed without this information;
- g. If Legion Magazine is not required, tick box;
- h. Signatures;
 - i. Application form must be signed and dated by the applicant;
 - ii. Provide proposer's name – Proposer must sign and date the application form; and
 - iii. Provide seconder's name – Seconder must sign and date the application form.
- i. Record of Legion Service – complete this section for members who are reinstating;
- j. Have you been expelled from any Legion Branch or other Veteran's organization – you must answer "yes or no". If "yes" provide the branch/organization information; and
- k. Complete the Section "For Branch Use".

The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.

All new members must be initiated in accordance with The General By-Laws and the Ritual and Insignia Manual.

When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.

- i. Application form must be signed by the Branch Membership Committee;
- ii. The application must be presented at a General Meeting of the Branch for approval or otherwise;

- iii. Record the date the member was initiated;
- iv. Record the amount of the membership dues paid; and
- v. Indicate the date that the Registration Form and Per Capita Tax was submitted to Dominion Command.



The Royal Canadian Legion

APPLICATION FOR MEMBERSHIP


Page 1

ORDINARY
 ASSOCIATE
 AFFILIATE VOTING
 AFFILIATE NON-VOTING
(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: 03 Branch Name: REGINA Branch No: 123
 Branch Address: 25 OPEN RD. REGINA SK S4A 1C0

Applicant's Name: Mr Mrs Ms BLACK VERA
 Address: 25 COORDINA CRES REGINA SK S4A 3B5
 Phone No. (Home) 350-456-1978 (Other) _____ E-Mail _____
 Date of Birth: 1938 Place of Birth: REGINA Citizenship: CAN M F
 Next of Kin: BOB BLACK Relationship: SPOUSE
 Have you ever been a member of the Legion? No Yes If yes, complete "Record of Legion Service" on Page 2.

What BRANCH ACTIVITIES interest you most?
 Service Work - Welfare
 Remembrance - Poppy
 Branch Social Activities
 Organization - Administration
 Sports Program
 Youth Activities
 Committee Work
 Other _____

ORDINARY MEMBERSHIP Please complete Sections D & E and Page 2
ASSOCIATE MEMBERSHIP Please complete Sections A or B or C and Page 2
AFFILIATE VOTING/NON-VOTING MEMBERSHIP Please complete Page 2

A (Must also complete Sections "D" and "E")
I have served in the: Cadets
 Cadet Civilian Instructors
 Navy League of Canada
 Polish Forces
 Fire Services

B (Must also complete Sections "D" and "E")
I am the: Parent
 Spouse
 Widow/wr
 Grandchild
 Child
 Sibling
 Niece/Nephew *of a person who is/was eligible for Ordinary Membership; and is/was:* Canadian (Citizen or Commonwealth subject)
 USA citizen (not dual)
 NATO country citizen (dual only)

C (Must also complete Sections "D")
I am the: *Child of an Associate Member; or I am the:* Spouse
 Parent
 Sibling *of an Associate Member who qualified under Section "A" or Section "B"; who is an Associate Member of Branch:* _____ *and whose Name and Membership Number is:* _____

D **Eligibility and/or Relationship is established by:** Discharge Certificate
 Service Records
 Marriage Certificate
 Birth Certificate
 Adoption Certificate
 Other _____

E **Service Information for:** Ordinary Membership
 Associate Membership
Person who served: Self or: _____ Relationship: _____ who is/was an Ordinary Member of Branch: _____ Membership #: _____

Date of enlistment: 1958 Service No: B 56789 Rank: _____ Service Unit: _____

Type of Service:
 Reserve "C" Class
 Wartime
 Can. Reg. Force
 Her Majesty's Reg. Force
 Reserve
 NATO
 RCMP
 R.N.F. Consular
 Wartime Allied Force
 Underground Force
 Coast Guard
 NORAD
 US Force
 Vietnam
 Police Force
 Skill Serving
 Other: _____
 Discharged Date: OCT 1980 Type of Discharge: HONORABLE

Theatres of Service: _____ **Medals and Decorations:** _____

Membership dues include a minimum subscription rate of \$7.25 per year (including GST) to Legion Magazine. BC residents pay \$7.84, ON, NB and NF pay \$7.91 and NS pay \$8.05 per year.
ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

**FIGURE 2-1 — MEMBERSHIP APPLICATION FORM (FRONT)
FOR ORDINARY MEMBERSHIP**

ALL APPLICANTS MUST COMPLETE THIS PAGE

Privacy Statement for The Royal Canadian Legion

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' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.

I consent I do not consent to my name and address being provided for the Member Benefits Package Program.

Applicant's Signature: Vera Black Date: Jan 5, 2011

- ◆ I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country.
- ◆ 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 am not a communist, fascist or anarchist, and 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 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 hereby certify that I am not eligible for Ordinary &/or Associate membership (applies to Affiliate Voting and Non-Voting members only).
- ◆ I hereby agree to participate in The Royal Canadian Legion's initiation ceremony, which shall include a declaration of loyalty and obedience to the General By-Laws.
- ◆ If Magazine is NOT required please tick box:

Applicant's Signature: Vera Black Date: Jan 5, 2011

Proposer's Name: MARK SCOTT Signature: M. Scott

Second's Name: DANIEL HARVEY Signature: D Harvey

RECORD OF LEGION SERVICE

Date of Original Admission to Legion: _____ 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

Have you been expelled from any Legion Branch or any other veteran's organization? No Yes. If yes, give Branch/Organization and particulars.

Command & Branch #: _____ Particulars: _____

FOR BRANCH USE

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: On Committee Date: Jan 15, 2011

Date Passed at General Meeting: Jan 15, 2011 Date of Initiation: Jan 30, 2011

Membership dues paid: \$ 45.00 Date: Jan 15, 2011

Member Registration Form and Per Capita Tax Submitted to Dominion Command Date: Feb 2, 2011

**FIGURE 2-2 — MEMBERSHIP APPLICATION FORM (BACK)
FOR ORDINARY MEMBERSHIP**

203. ASSOCIATE MEMBERSHIP—MEMBERSHIP APPLICATION FORM
(See Figures 2-3 and 2-4) In order to apply for Associate membership the applicant must be a Canadian Citizen or Commonwealth subject.
- a. Select the box at the top of the form to indicate membership category;
 - b. Complete the branch information section;
 - c. Complete the member information section for the person applying for membership;
 - d. Select the activities in which the member has indicated an interest;
 - e. Complete Sections "A" or "B" or "C" and Page 2 of application for;
 - i. Section "A" - tick the appropriate box to indicate the type of service. If you complete this section then you must also complete Sections "D & E";
 - ii. Section "B" - Provide member information by ticking the appropriate box. If you complete this section then you must also complete Sections "D & E";
 - iii. Section "C" - tick the appropriate box as it pertains to the applicant. If you complete this section, you must also complete Section "D";
 - iv. Section "D" - tick the appropriate box to indicate the documentation that was provided as proof of eligibility;
 - v. Section "E" - Provide service information – indicate the applicable area; and
 - vi. Proceed to page 2 of the application form.
 - f. Complete the Privacy Statement - This is a mandatory requirement. Applicant must complete and sign this section. Members cannot be processed without this information;
 - g. If Legion Magazine is not required, tick box;
 - h. Signatures Required;
 - i. Application form must be signed and dated by the applicant;

- ii. Provide proposer's name – Proposer must sign and date the application form; and
- iii. Provide seconder's name – Seconder must sign and date the application form.
- i. Record of Legion Service – Complete this section for members who are reinstating;
- j. Have you been expelled from any Legion Branch or other Veteran's organization – you must answer "yes or no". If "yes" provide the branch/organization information; and
- k. Complete the Section "For Branch Use".

The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.

All new members must be initiated in accordance with The General By-Laws and the Ritual and Insignia Manual.

When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.

- i. Application form must be signed by the Branch Membership Committee;
- ii. The application must be presented at a General Meeting of the Branch for approval or otherwise;
- iii. Record the date the member was initiated;
- iv. Record the amount of the membership dues paid; and
- v. Indicate the date that the Registration Form and Per Capita Tax was submitted to Dominion Command.



The Royal Canadian Legion
APPLICATION FOR MEMBERSHIP



Page 1

ORDINARY
 ASSOCIATE
 AFFILIATE VOTING
 AFFILIATE NON-VOTING

(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: 03 Branch Name: REGINA Branch No.: 123

Branch Address: 25 OPEN RD REGINA SK S0A1B0

Applicant's Name: Mr Mrs Ms WHITE MARK

Address: 456 PERFECT ST REGINA SK S0C1N0

Phone No. (Home) 356-123 4567 (Other) _____ E-Mail _____

Date of Birth: 1958 Place of Birth: REGINA Citizenship: CAN

Next of Kin: DEBBIE WHITE Relationship: WIFE

Have you ever been a member of the Legion? No Yes If yes, complete "Record of Legion Service" on Page 2.

What BRANCH ACTIVITIES interest you most?

Service Work - Welfare Remembrance - Poppy Branch Social Activities Organization - Administration

Sports Program Youth Activities Committee Work Other _____

ORDINARY MEMBERSHIP Please complete Sections D & E and Page 2
 ASSOCIATE MEMBERSHIP Please complete Sections A or B or C and Page 2
 AFFILIATE VOTING/NON-VOTING MEMBERSHIP Please complete Page 2

A (Must also complete Sections "D" and "E")
 I have served in the: Cadets Cadet Civilian Instructors Navy League of Canada Polish Forces Fire Services

B (Must also complete Sections "D" and "E")
 I am the: Parent Spouse Widower Grandchild Child Sibling Niece/Nephew of a person who is/was eligible for Ordinary Membership; and is/was: Canadian citizen or Commonwealth subject USA citizen (state incl) NATO country citizen (Europe incl)

C (Must also complete Sections "D")
 I am the: Child of an Associate Member; or I am the: Spouse Parent Sibling of an Associate Member who qualified under Section "A" or Section "B"; who is an Associate Member of Branch: _____ and whose Name and Membership Number is: _____

D Eligibility and/or Relationship is established by: Discharge Certificate Service Records Marriage Certificate
 Birth Certificate Adoption Certificate Other _____

E Service information for: Ordinary Membership Associate Membership

Person who served: Self or: BRIAN WHITE Relationship: FATHER who is/was an Ordinary Member of Branch: _____ Membership #: _____

Date of enlistment: 1942 Service No.: B 12345 Rank: _____ Service Unit: _____

Type of Service: Reserve "C" Class Wartime Can. Reg. Force Her Majesty's Reg. Force Reserve

NATO RCMP R.N.I.F. Constabulary Wartime Allied Force Underground Force

Coast Guard NORAD US Force Vietnam Police Force

Still Serving Other: _____ Cadet Instructor Cadre (CIC)

Discharged Date: _____ Type of Discharge: HONOURABLE

Theatres of Service: WW2 Medals and Decorations: _____

Membership dues include a minimum subscription rate of \$7.35 per year (including GST) for Legion Magazine. RC residents pay \$7.84, ON, NB and NF pay \$7.91 and NS pays \$8.01 per year.

ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

**FIGURE 2-3 — MEMBERSHIP APPLICATION FORM (FRONT)
FOR ASSOCIATE MEMBERSHIP**

ALL APPLICANTS MUST COMPLETE THIS PAGE

Privacy Statement for The Royal Canadian Legion

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' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.

I consent I do not consent to my name and address being provided for the Member Benefits Package Program.

Applicant's Signature: M. White Date: Aug 17, 2010

- ◆ I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country.
- ◆ 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 am not a communist, fascist or anarchist, and 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 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 hereby certify that I am not eligible for Ordinary &/or Associate membership (applies to Affiliate Voting and Non-Voting members only).
- ◆ I hereby agree to participate in The Royal Canadian Legion's initiation ceremony, which shall include a declaration of loyalty and obedience to the General By-Laws.
- ◆ If Magazine is NOT required please tick box:

Applicant's Signature: M. White Date: Aug 17, 2010

Proposer's Name: JOHN CANDY Signature: J. Candy

Second's Name: BILL SMITH Signature: B. Smith

RECORD OF LEGION SERVICE

Date of Original Admission to Legion: _____ 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

Have you been expelled from any Legion Branch or any other veteran's organization? No Yes. If yes, give Branch/Organization and particulars.

Command & Branch # _____ Particulars: _____

FOR BRANCH USE

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: M. Committee Date: Aug 30, 2010

Date Passed at General Meeting: Aug 30, 2010 Date of Initiation: Aug 20, 2010

Membership dues paid: \$ 45.00 Date: Aug 05, 2010

Member Registration Form and Per Capita Tax Submitted to Dominion Command Date: Sept. 5, 2010

FIGURE 2-4 — MEMBERSHIP APPLICATION FORM (BACK)
FOR ASSOCIATE MEMBERSHIP

204. AFFILIATE VOTING MEMBERSHIP—MEMBERSHIP APPLICATION FORM (See Figures 2-5 and 2-6). In order to apply for Affiliate Voting membership the applicant must be a Canadian Citizen or Commonwealth subject.
- Select the box at the top of the form to indicate membership category;
 - Complete the branch information section;

The Royal Canadian Legion
APPLICATION FOR MEMBERSHIP

Page 1

ORDINARY ASSOCIATE AFFILIATE VOTING AFFILIATE NON-VOTING
(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: 03 Branch Name: REGINA Branch No.: 123
Branch Address: 25 OPEN RD REGINA SK S4T1B0

Applicant's Name: Mr Mrs Ms BROWN DONALD
Address: 225 SENEWERE RD REGINA SK S4T1B0
Phone No. (Home) 356-457-7891 (Other) _____ E-Mail _____
Date of Birth: _____ Place of Birth: REGINA Citizenship: CAN. M F
Next of Kin: MARGARET BROWN Relationship: SPOUSE
Have you ever been a member of the Legion? No Yes If yes, complete "Record of Legion Service" on Page 2.

What BRANCH ACTIVITIES interest you most?
 Service Work - Welfare Remembrance - Poppy Branch Social Activities Organization - Administration
 Sports Program Youth Activities Committee Work Other

ORDINARY MEMBERSHIP Please complete Sections D & E and Page 2
ASSOCIATE MEMBERSHIP Please complete Sections A or B or C and Page 2
AFFILIATE VOTING/NON-VOTING MEMBERSHIP Please complete Page 2

A (Must also complete Sections "D" and "E")
I have served in the: Cadets Cadet Civilian Instructors Navy League of Canada Polish Forces Fire Services

B (Must also complete Sections "D" and "E")
I am the: Parent Spouse Widower Grandchild Child Sibling Niece/Nephew of a person who is/was eligible for Ordinary Membership; and is/was: Canadian citizen or Commonwealth subject USA citizen (USA only) NATO country citizen (NATO only)

C (Must also complete Sections "D")
I am the: Child of an Associate Member; or I am the: Spouse Parent Sibling of an Associate Member who qualified under Section "A" or Section "B"; who is an Associate Member of Branch: _____ and whose Name and Membership Number is: _____

D Eligibility and/or Relationship is established by: Discharge Certificate Service Record Marriage Certificate
 Birth Certificate Adoption Certificate Other

E Service Information for: Ordinary Membership Associate Membership
Person who served: Self or: _____ Relationship: _____ who is/was an Ordinary Member of Branch: _____ Membership #: _____
Date of enlistment: _____ Service No.: _____ Rank: _____ Service Unit: _____
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
 Self Serving Other: _____ Cadet Instructor Cadre (CIC)
 Discharged Date: _____ Type of Discharge: _____
Theatres of Service: _____ Medals and Decorations: _____

www.legion.ca
Membership dues include a minimum subscription rate of \$7.35 per year (including GST) to Legion Magazine. BC residents pay \$7.64, ON, NB and NF pay \$7.97 and NS pay \$8.65 per year.
ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

FIGURE 2-5 — MEMBERSHIP APPLICATION FORM (FRONT) FOR AFFILIATE VOTING MEMBERSHIP

- c. Complete the member information section for the person applying for membership;
- d. Select the activities in which the member has indicated an interest;
- e. Do not complete Sections A, B, C, D or E. Go to Page 2;

ALL APPLICANTS MUST COMPLETE THIS PAGE Page 2

Privacy Statement for The Royal Canadian Legion

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' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.

I consent I do not consent to my name and address being provided for the Member Benefits Package Program.

Applicant's Signature: D. Brown Date: Dec. 1, 2010

- ◆ I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country.
- ◆ 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 am not a communist, fascist or anarchist, and 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 to the correctness of all the particulars contained herein and make application for membership to and agree to abide by the constitution, rules and By-Laws of The Royal Canadian Legion.
- ◆ I hereby certify that I am not eligible for Ordinary &/or Associate membership (applies to Affiliate Voting and Non-Voting members only).
- ◆ I hereby agree to participate in The Royal Canadian Legion's initiation ceremony, which shall include a declaration of loyalty and obedience to the General By-Laws.
- ◆ If Magazine is NOT required please tick box:

Applicant's Signature: D. Brown Date: Dec. 1, 2010

Proposer's Name: M. SMITH Signature: M. Smith

Secondor's Name: GARY DELL Signature: J. Dell

RECORD OF LEGION SERVICE

Date of Original Admission to Legion: _____ 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

Have you been expelled from any Legion Branch or any other veterans's organization? No Yes If yes, give Branch/Organization and particulars.

Command & Branch #: _____ Particulars: _____

FOR BRANCH USE

Certified that section 2.21 of the General By-Laws has been applied and that satisfactory proof of service and relationship has been submitted where applicable.

Branch Membership Committee: M. Committee Date: Dec 15, 2010

Date Passed at General Meeting: Dec. 20, 2010 Date of Initiation: Dec. 30, 2010

Membership dues paid: \$ 45.00 Date: Dec 1, 2010

Member Registration Form and Per Capita Tax Submitted to Dominion Command Date: Jan 3, 2011

M0203 (Rev. 03/08)

**FIGURE 2-6 — MEMBERSHIP APPLICATION FORM (BACK)
FOR AFFILIATE VOTING MEMBERSHIP**

- f. Complete the Privacy Statement – This is a mandatory requirement. Applicant must complete and sign this section. Members cannot be processed without this information;
- g. If applicant is not eligible for Ordinary / Associate membership, tick box;
- h. If Legion Magazine is not required, tick box;
- i. Signatures Required;
 - i. Application form must be signed and dated by the applicant;
 - ii. Provide proposer's name – Proposer must sign and date the application form; and
 - iii. Provide seconder's name – Seconder must sign and date the application form.
- j. Record of Legion Service – complete this section for members who are reinstating;
- k. Have you been expelled from any Legion Branch or other Veteran's organization – you must answer "yes or no". If "yes" provide the branch/organization information; and
- l. Complete the Section "For Branch Use".

The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.

All new members must be initiated in accordance with The General By-Laws and the Ritual and Insignia Manual.

When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.

- i. Application form must be signed by the Branch Membership Committee;
- ii. The application must be presented at a General Meeting of the Branch for approval or otherwise;
- iii. Record the date the member was initiated;
- iv. Record the amount of the membership dues paid; and
- v. Indicate the date that the Registration Form and Per Capita Tax was submitted to Dominion Command.

205. AFFILIATE NON-VOTING MEMBERSHIP—MEMBERSHIP APPLICATION FORM (See Figures 2-7 and 2-8). This category of membership is for non-Canadian Citizens or non-Commonwealth subjects who are citizens of an Allied Nation. Please refer to pages 36 and 42 in the Eligibility Guide for applicants that qualify under NATO Allied Member Countries or Canadian Wartime Allied Countries.

- a. Select the box at the top of the form to indicate membership category;
- b. Complete the branch information section;
- c. Complete the member information section for the person applying for membership;
- d. Select the activities in which the member has indicated an interest;
- e. Do not complete Sections A, B, C, D or E. Go to Page 2;
- f. Complete the Privacy Statement – This is a mandatory requirement. Applicant must complete and sign this section. Members cannot be processed without this information;
- g. If applicant is not eligible for Ordinary / Associate membership, tick box;
- h. If Legion Magazine is not required, tick box;
- i. Signatures Required;
 - i. Application form must be signed and dated by the applicant;
 - ii. Provide proposer’s name – Proposer must sign and date the application form; and
 - iii. Provide seconder’s name – Seconder must sign and date the application form.
- j. Record of Legion Service – complete this section for members who are reinstating;
- k. Veteran’s organization – you must answer “yes or no”. If “yes” provide the branch/organization information ; and
- l. Complete the Section “For Branch Use”.

The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.

All new members must be initiated in accordance with The General By-Laws and the Ritual and Insignia Manual.

When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.

- i. Application form must be signed by the Branch Membership Committee;



The Royal Canadian Legion

APPLICATION FOR MEMBERSHIP


Page 1

ORDINARY
 ASSOCIATE
 AFFILIATE VOTING
 AFFILIATE NON-VOTING
(All applicants must complete Pages 1 AND 2 - Type or Print in BLOCK letters)

Command: 03 Branch Name: REGINA Branch No.: 123
 Branch Address: 25 OPEN RD REGINA SK S0A1B0

Applicant's Name: Mr Mrs Ms GREEN MARTHA
 Address: 85 BANK ST. REGINA SK S4B5H9
 Phone No. (Home) 352-314-4684 (Other) _____ E-Mail _____
 Date of Birth: _____ Place of Birth: _____ Citizenship: _____ M F
 Next of Kin: _____ Relationship: _____
 Have you ever been a member of the Legion? No Yes If yes, complete "Record of Legion Service" on Page 2.

What BRANCH ACTIVITIES interest you most?
 Service Work - Welfare Remembrance - Poppy British Social Activities Organization - Administration
 Sports Program Youth Activities Committee Work Other

ORDINARY MEMBERSHIP Please complete Sections D & E and Page 2
 ASSOCIATE MEMBERSHIP Please complete Sections A or B or C and Page 2
 AFFILIATE VOTING/NON-VOTING MEMBERSHIP Please complete Page 2

A (Must also complete Sections "D" and "E")
I have served in the: Cadets Cadet/Civilian Instructors Navy League of Canada Polish Forces Fire Services

B (Must also complete Sections "D" and "E")
I am the: Parent Spouse Widower Grandchild Child Sibling Niece/Nephew **of a person who is/was eligible for Ordinary Membership; and is/was:** Canadian citizen or Commonwealth subject USA citizen (USA only) NATO country citizen (Europe only)

C (Must also complete Section "D")
I am the: Child of an Associate Member; or I am the: Spouse Parent Sibling of an Associate Member who qualified under Section "A" or Section "B"; who is an Associate Member of Branch: _____ and whose Name and Membership Number is: _____

D Eligibility and/or Relationship is established by: Discharge Certificate Service Records Marriage Certificate
 Birth Certificate Adoption Certificate Other

E Service Information for: Ordinary Membership Associate Membership
 Person who served: Self or _____ Relationship: _____ who is/was an Ordinary Member of Branch: _____ Membership #: _____
 Date of enlistment: _____ Service No.: _____ Rank: _____ Service Unit: _____
 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
 Still Serving Other: _____ Cadet Instructor (Cadej)(CI)
 Discharged Date: _____ Type of Discharge: _____
 Theatres of Service: _____ Medals and Decorations: _____

Membership dues include a minimum subscription rate of \$7.35 per year (including GST) to Legion Magazine. BC residents pay \$7.84. OIL, Nfld and NF pay \$7.91 and NT pays \$8.03 per year.
ALL APPLICANTS MUST COMPLETE INFORMATION ON PAGE 2

www.legion.ca

FIGURE 2-7 — MEMBERSHIP APPLICATION FORM (FRONT) FOR AFFILIATE NON-VOTING MEMBERSHIP

- ii. The application must be presented at a General Meeting of the Branch for approval or otherwise;
- iii. Record the date the member was initiated;
- iv. Record the amount of the membership dues paid; and
- v. Indicate the date that the Registration Form and Per Capita Tax was submitted to Dominion Command.

ALL APPLICANTS MUST COMPLETE THIS PAGE Page 2

Privacy Statement for The Royal Canadian Legion

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' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.

I consent I do not consent to my name and address being provided for the Member Benefits Package Program.

Applicant's Signature: M. Green **Date:** JAN 5, 2011

- ◆ I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country;
- ◆ 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 am not a communist, fascist or anarchist; and 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 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 hereby certify that I am not eligible for Ordinary &/or Associate membership (applies to Affiliate Voting and Non-Voting members only).
- ◆ I hereby agree to participate in The Royal Canadian Legion's initiation ceremony, which shall include a declaration of loyalty and obedience to the General By-Laws.
- ◆ **If Magazine is NOT required please tick box:**

Applicant's Signature: M. Green **Date:** JAN 5, 2011

Proposer's Name: MARK SCOTT **Signature:** M. SCOTT

Second's Name: DANIEL HARVEY **Signature:** D. HARVEY

RECORD OF LEGION SERVICE

Date of Original Admission to Legion: _____ 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

Have you been expelled from any Legion Branch or any other veteran's organization? No Yes. If yes, give Branch/Organization and particulars.

Command & Branch # _____ **Particulars:** _____

FOR BRANCH USE

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: M. Committee **Date:** Jan 15, 2011

Date Passed at General Meeting: Jan 15, 2011 **Date of Initiation:** Jan 30, 2011

Membership dues paid: \$ 45.00 **Date:** Jan 15, 2011

Member Registration Form and Per Capita Tax Submitted to Dominion Command **Date:** Jan 7, 2011

000293 (July 2010)

**FIGURE 2-8 — MEMBERSHIP APPLICATION FORM (BACK)
FOR AFFILIATE NON-VOTING MEMBERSHIP**

CHAPTER 3

HOW TO REMIT PER CAPITA TAX

DESCRIPTION

A Branch Transmittal Form must accompany all membership payments sent to Dominion Command. This includes new member, renewals (includes renewal cards and Member Registration Forms), reinstatements, Life, supplementary and duplicate card payments. The form is used to summarize payments contained in the submission, record any debits or credits being considered, and record the cheque number and the amount being submitted.

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale		THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	COMMAND / DIRECTION	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE
NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS	YEAR PAID FOR / ANNÉE PAIÉE			RATE / TAUX	AMOUNT REMITTED / MONTANT REMIS
	FULL YEAR FOR ANNÉE COMPLÈTE POUR			2 0__	\$
				2 0__	\$
				2 0__	\$
	HALF YEAR (after Nov-30) DEMI-ANNÉE (après 30 juin)			2 0__	\$
	THIRD YEAR (after August 31) TROIS ANNÉES (après 31 août)			2 0__	\$
				2 0__	\$
	PREPAID FOR PRÉPAIÉ POUR			2 0__	\$
				2 0__	\$
				2 0__	\$
				2 0__	\$
	NO. OF YEARS N° D'ANNÉES			\$	\$
	ADHESION & VIL			\$	\$
	NO. OF YEARS N° D'ANNÉES			\$	\$
	DUPLICATE CARD DUPLICATE CARTÉ			\$	\$
TOTAL NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS				TRANSMITTAL TOTAL / TOTAL REMISE	
				\$	
FOR BRANCH COMMAND ONLY À L'USAGE DE LA DIRECTION NATIONALE				CREDIT AVAILABLE / CREDIT DISPONIBLE	DEDUCT CREDIT AMOUNT / MOINS MONTANT DU CREDIT
					-\$
				DEBIT OWING / DEBIT CÉ	ADD DEBIT AMOUNT / PLUS MONTANT DU DEBIT
					+\$
				CHEQUE # / N° DU CHEQUE	CHEQUE TOTAL / TOTAL DU CHEQUE
					\$
X					

Branch Secretary or Membership Chairman / Secrétaires de la Filiale ou Président d'Unité

1st DOMINION COMMAND COPY / 2nd BRANCH COPY / 2^{ème} COPIE DE DIRECTION NATIONALE / 2^{ème} COPIE DE FILIALE

806W(1) (11/09/10)

FIGURE 3-1 — BRANCH TRANSMITTAL FORM

FORMS TO USE

301. BRANCH TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)

- a. 1st copy is the Dominion Command copy
- b. 2nd copy is the Branch copy

PROCESS

302. BRANCH TRANSMITTAL FORM (See Figure 3-1)

Complete this form when submitting renewal cards and Member Registration Forms to Dominion Command. It must accompany all cheques being submitted to Dominion Command.

- a. Complete all applicable sections which include date and command and branch.
- b. Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of payments by the per capita tax rate for that year. Note: If submitting half year or one third year payments calculate using $\frac{1}{2}$ or $\frac{1}{3}$ of the full year's per capita tax rate.
- c. Indicate the number of duplicate cards being requested. Cost for a duplicate card is \$3.00. To calculate the total, multiply the number of duplicate cards requested by \$3.00.
- d. Indicate the number of life memberships being submitted and the no. of years being paid. Indicate the rate (current year's per capita tax rate). To calculate the total, multiply the rate by the number of years being paid (this is determined by the member's age according to schedule in Section 205.a. of the General By-Laws).
- e. Complete the total number of payments being submitted and the total of the transmittal.
- f. If using suspense account credits or paying debits enter the amount on the appropriate line. Add or subtract this amount from the "Transmittal Total" to determine the amount to be submitted. Enter this figure on the "Cheque Total" line. Your cheque must agree with this figure.

- g. Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.
- h. Ensure your cheque is made payable to Dominion Command, correctly dated, that the written amount agrees with the numerical figure, and that the cheque has two signatures when required.
- i. Double check the number of items, the rate and your calculations to ensure that the correct per capita tax is remitted. This will help minimize errors and reduce extra work for both the branch and Dominion Command.
- j. Staple any Member Data Change Forms to the front of the member's renewal card or Member Registration Form and place these at the front of your submission.
- k. Submit no more than 200 items per transmittal. Dominion Command uses a batch system to process submissions and it is difficult to process those with more than 200 items. Wrap the transmittal around the submission and place the cheque on top. The package should be properly secured before putting it in the envelope.
- l. Submit per capita tax to Dominion Command using the pre-addressed membership envelopes. Ensure correct postage is affixed. The size of the envelopes comply with Canada Post guidelines; however, additional postage may be required dependent on weight and thickness.
- m. Remember each transmittal form must be accompanied by a separate cheque. Per capita tax submissions should be sent to Dominion Command at least weekly.

CHAPTER 4

HOW TO PROCESS A NEW MEMBER

DESCRIPTION

Anyone applying for membership must complete a Membership Application Form which must be processed in accordance with the procedures set out in the General By-Laws. Once the application has been approved by all the appropriate parties, this and any other required eligibility documentation is to be maintained by the branch in the member's file. Do not send to Dominion Command. Branches must use a Member Registration Form to register a new member at Dominion Command.

FORMS TO USE

401. MEMBERSHIP APPLICATION FORM (See Figure 1-5)
(White two sided form) (Stock # 800293)
402. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)
 - a. White - is the Dominion Command copy
 - b. Green - is the Branch copy
403. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)
 - a. 1st copy is the Dominion Command copy
 - b. 2nd copy is the Branch copy

PROCESS

404. MEMBERSHIP APPLICATION FORM
 - a. When a person applies for membership, ensure the appropriate areas of the application form are completed (see Chapter 2) and all eligibility documentation is attached. You must ensure that proof of citizenship has been established and the Privacy Statement has been completed. The application must be proposed and seconded by voting members of the branch.

- b. The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.
- c. When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.
- d. Add the member's name to the branch register and create a file for the member. Fill out a Master Card for the member's file and record the date of payment. When the membership card is received record the membership number that has been issued on the member's file.
- e. All new members must be initiated in accordance with The General By-Laws and the Ritual and Insignia Manual.
- f. To submit a new membership to Dominion Command complete a Member Registration Form.

405. MEMBER REGISTRATION FORM (See Figure 4-1)

- a. The member must be given a receipt for the dues paid.
- b. Record payment on the member's master card file and any other applicable branch records.
- c. Complete the Member Information Section of the Member Registration Form. Ensure that the citizenship and Privacy Statement are completed and the complete mailing address and postal code is included. The Date field should reflect the date the member completed the application form. Please record the date of application on the Member Registration Form.
- d. Complete Section D by marking the year being paid and "New- Full Year". After July 1st new members may pay half year per capita tax. To indicate mark "New - Half Year". After September 1st new members may pay one third per capita tax. To indicate mark "New - Third Year".

Note: If the applicant does not pay dues for the current year but pre-pays for the following year only, the applicant does not become a member until January 1st of the year paid. These memberships must not be submitted to Dominion Command prior to November 1st.

- e. When submitting per capita tax, a cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

LEGION Member Registration Form / Formulaire d'inscription du Membre

A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE

MEMBER NUMBER / NUMÉRO DU MEMBRE: 03 BRANCH NUMBER / NUMÉRO DE FILIALE: 123 DAY / JOUR: 15 MONTH / MOIS: 08 YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: WHITE FIRST NAME & INITIALS / PRÉNOM ET INITIALES: MARK

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: 456 PERFECT ST.

CITY / VILLE: REGINA PROVINCE: SK POSTAL CODE / CODE POSTAL: SOC 1ND COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE ORDINARY / ORDINAIRE ASSOCIATE / ASSOCIÉ AFFILIATE WOMAN / AFFILIÉE FEMME AFFILIATE NON-WOMAN / AFFILIÉ NON-FEMME

B MANDATORY / MANDATOIRE

CITIZENSHIP / CITIZENNETÉ: CDN PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE: YES / OUI NO / NON

MAGAZINE / REVUE: ENGLISH / ANGLAIS FRENCH / FRANÇAIS NONE / AUCUNE YEAR OF BIRTH / ANNÉE-NAISSANCE: 1958 GENDER / SEXE: M F

C MILITARY SERVICE / SERVICE MILITAIRE

SERVICE NUMBER / NUMÉRO MATRICULE: _____

7 WW I / 1^{re} GM 3 ROYA-CORÉE 4 GULF / GOLFE A NAVY / MARINE B ARMY / ARMÉE F AIRBORNE / AVIATION D CF / CFC E RCMP / GRC F RESERVES / RÉSERVES G OTHER / AUTRE

D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE

THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR: 2011 20 20 DUPLICATE CARD / DOUBLER CARTE: 20

RENEWAL / RENOUVELLEMENT REINSTATED / RÉINTEGRATION NEW-ONE YEAR / NOUVEAU-UN ANNIÉE NEW-HALF YEAR / NOUVEAU-DEMI-ANNÉE (après 60 ans) NEW-THIRD YEAR / NOUVEAU-TROIS ANNIÉE (après 71 ans)

E SUPPLEMENTARY PAYMENTS / PRIÈMENTS SUPPLÉMENTAIRES

1. PREPAID—WORKING YEARS BEING PREPAID / ANTICIPÉS—INDIQUEZ LES ANNÉES ANTICIPÉES: 20 20 20 20 20

2. LIFE—INDICATE NO. OF YEARS BEING PAID / À VIE—INDIQUEZ LE NOMBRE D'ANNÉES PAYÉES: 5 7 10 15 TOTAL AMOUNT SUBMITTED / MONTANT TOTAL SOUMIS: \$ 32.60

BRANCH APPROVAL / APPROBATION DE FILIALE: B. Secretary PROVINCIAL COMMAND APPROVAL / APPROBATION DE DIRECTION PROVINCIALE:

WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / BLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA FILIALE 800613 (11/25/10)

FIGURE 4-1 — MEMBER REGISTRATION FORM FILLED IN FOR FULL YEAR MEMBERSHIP

406. BRANCH TRANSMITTAL FORM (See Figure 4-2). Must accompany all cheques being submitted to Dominion Command.

- a. Complete all applicable sections which include date and command and branch.

b. Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of payments by the current year's per capita tax rate. If submitting per capita tax for arrear year, use the rate applicable for the year submitted.

Note: If submitting half year or one third year payments calculate using 1/2 or 1/3 of the full year's per capita tax rate.

c. Complete the total number of payments being submitted and the total of the transmittal.

d. Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale				THE ROYAL CANADIAN LEGION LA LEGION ROYALE CANADIENNE	
DAY / JOUR	MONTH / MOIS	YEAR / ANNEE	COMMAND / DIRECTION	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE		
10	09	2010	03	123	REGINA		
NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS	YEAR PAID FOR / ANNEE PAYEE			RATE / TAUX	AMOUNT REMITTED / MONTANT REVIS		
1	FULL YEAR FOR ANNEE COMPLETE POUR			2011 \$ 32.60	\$ 32.60		
				20__ \$	\$		
				20__ \$	\$		
	HALF YEAR (after June 30) DEMI ANNEE (après 30 juin)			20__ \$	\$		
1	THIRD YEAR (after August 1) TIERCE D'ANNEE (après 1 ^{er} août)			2010 \$ 10.87	\$ 10.87		
				20__ \$	\$		
	PREPAID FOR PAYE D'AVANCE POUR			20__ \$	\$		
				20__ \$	\$		
				20__ \$	\$		
	LIFE MEMBERSHIPS ADHESION A VIE			NO. OF YEARS N° D'ANNEES	\$	\$	
				NO. OF YEARS N° D'ANNEES	\$	\$	
	DUPLICATE CARD DEUXIEME CAIITE				\$	\$	
2				TOTAL NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS		TRANSMITTAL TOTAL / TOTAL REMISE	
						\$ 43.47	
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE:				CREDIT AVAILABLE / CREDIT DISPONIBLE		DEDUCT CREDIT AMOUNT / MONTANT MOINS DU CREDIT	
				DEBIT CREDIT / DEBIT CREDIT		ADD DEBIT AMOUNT / PLUS MONTANT DU DEBIT	
				CHEQUE # / N° DU CHEQUE		CHEQUE TOTAL / TOTAL DU CHEQUE	
				0105		\$ 43.47	
				X <i>B Secretary</i>			

1st DOMINION COMMAND COPY / 2nd BRANCH COPY / 1^{ère} COPIE DE DIRECTION NATIONALE / 2^{ème} COPIE DE FILIALE

8006 11 (11/10/10)

FIGURE 4-2 — BRANCH TRANSMITTAL FORM

CHAPTER 5

HOW TO PROCESS A RENEWAL

DESCRIPTION

Two-Part Renewal/Membership Cards for the coming year are produced by Dominion Command each July for all members in the branch who have paid membership dues for the current year at that time. These cards are produced once a year and cannot be reissued or replaced. The renewal cards for the new processing year must not be submitted to Dominion Command prior to September 1st. You will not receive a two-part card for new or renewing members submitted after these cards are produced. When renewing these members for the new processing year a Member Registration Form must be used and a membership card will be produced and sent to the branch once the payment is processed in our office.

FORMS TO USE

501. RENEWAL CARD (See Figure 1-7)
(bar code portion)

Note: If the renewal card is not available then you must complete a MRF – do not submit both.

502. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)

- a. White - is the Dominion Command copy
- b. Green - is the Branch copy

503. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)

- a. 1st copy is the Dominion Command copy
- b. 2nd copy is the Branch copy

PROCESS

504. RENEWAL CARD (See Figure 5-1)

- a. When membership dues are paid a receipt must be issued to the member.

- b. The two part cards are issued in alphabetical sequence for easy reference. Remove the membership card portion, sign and give the card to the member. Membership cards must not be given to members before dues are paid.
- c. Record the date of payment on the member's Master Card and other branch records.
- d. The renewal card portion (Figure 5-1) is to be sent with the per capita tax to Dominion Command

When submitting per capita tax a cheque must be accompanied by the above renewal membership card (Figure 5-1) as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

Note: If the two-part renewal/membership card is not available then you must complete a Member Registration Form



FIGURE 5-1 — RENEWAL CARD (BAR CODE PORTION)

- 505. MEMBER REGISTRATION FORM (See Figure 5-2)
 - a. The member must be given a receipt for the dues paid.
 - b. Record payment on the member's master card file and any other applicable branch records.

- c. Complete the Member Information Section of the Member Registration Form. Ensure that the citizenship and Privacy Statement are completed and the complete mailing address and postal code is included.
- d. Complete Section D by marking the year being paid and "New- Full Year". After July 1st new members may pay half year per capita tax. To indicate mark "New - Half Year". After September 1st new members may pay one third per capita tax. To indicate mark "New - Third Year".
- e. When submitting per capita tax, a cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

LEGION		Member Registration Form Formulaire d'Inscription du Membre		THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE					
MEMBER NUMBER / NUMÉRO DU MEMBRE 111111	COMMAND / DIVISION 13	BRENCH NUMBER / NUMÉRO DE FILIALE 013	JOINT / JOINT 27	MONTH / MOIS 01	YEAR / ANNÉE 2011
LAST NAME / NOM DE FAMILLE SMITH		FIRST NAME & INITIAL / PRÉNOM ET INITIALES JOHN			
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE 123 MAIN ST.					
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K2L 0A1	COUNTRY / PAYS CAN	
EMAIL / COURRIEL					
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION <input type="checkbox"/> LIFE À VIE <input type="checkbox"/> JUNIARY JUNIATAIRE <input type="checkbox"/> ASSOCIATE ASSOCIÉ <input type="checkbox"/> AFFILIATE PENDING AFFILIÉ EN ATTENTE <input type="checkbox"/> AFFILIATE NON-VISITING AFFILIÉ NON VISITANT					
B MANDATORY / MANDATOIRE					
CITIZENSHIP / CITOYENNETÉ CDN		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for RCL Member Benefits Package Consentement de divulguer de l'information pour le programme de bénéfices pour membres de la LRC			
MAGAZINE / REVUE <input type="checkbox"/> ENGLISH ANGLAIS <input type="checkbox"/> FRENCH FRENCH SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE AUCUN		YEARS OF BIRTH / ANNÉE-NAISSANCE		GENDER / SEXE <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
C MILITARY SERVICE / SERVICE MILITAIRE					
2 WW I 1 st GM 3 WW II 2 nd GM 4 GOLF 5 NAVY 6 ARMY 7 AIR FORCE 8 CP 9 RCMP 10 RESERVES 11 OTHER		SERVICE NUMBER / NUMÉRO MATRICULE			
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR 2011 2020 2020		<input type="checkbox"/> DUPLICATE CARD / DOUVERNE CARTE 2020 <input checked="" type="checkbox"/> RE-ANNUAL / RENOUVELLEMENT <input type="checkbox"/> RE-INITIATED / REINITIATION <input type="checkbox"/> NEW-FULL YEAR / NOUVEAU UNE ANNÉE <input type="checkbox"/> NEW- HALF YEAR (after June 30) / NOUVEAU DEMI-ANNÉE (après Juin 30) <input type="checkbox"/> NEW-THIRD YEAR (after Aug. 31) / NOUVEAU TERS D'ANNÉE (après 31 août)			
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID — INDICATE YEARS BEING PREPAID / ANTICIPÉS — INDIQUEZ LES ANNÉES ANTICIPÉES		20 20 20 20 20			
2. LIFE — INDICATE NO. OF YEARS BEING PAID À VIE — INDIQUEZ LE NOMBRE D'ANNÉES PAYÉES		<input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15		TOTAL AMOUNT SUBMITTED / MONTANT TOTAL SOUMIS \$ 45.56	
BRANCH APPROVAL / AUTORISATION DE FILIALE X B. Secretary			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE X		

FIGURE 5-2 — MEMBER REGISTRATION FORM

506. BRANCH TRANSMITTAL FORM (See Figure 5-3) Must accompany all cheques being submitted to Dominion Command.
- Complete all applicable sections which include date and command and branch.
 - Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of payments by the current year's per capita tax rate.
- Note:** If submitting half year or one third year payments calculate using 1/2 or 1/3 of the full year's per capita tax rate.
- Complete the total number of payments being submitted and the total of the transmittal.
 - Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale				THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE		
DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	COMMAND / DIRECTION	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE			
27	01	2011	13	013	DOMINION OTTAWA			
NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS	YEAR PAID FOR / ANNÉE PAYÉE			RATE / TAUX	AMOUNT REMITTED / MONTANT BÉGÉ			
1	FULL YEAR FOR ANNÉE COMPLÈTE POUÉ			2011 \$ 45.56	\$ 45.56			
	HALF YEAR (after June 30) DEMI-ANNÉE (après 30 juin)			20__ \$	\$			
	THIRD YEAR (after August 31) TRES D'ANNÉE (après 31 août)			20__ \$	\$			
	PREPAID FOR PAYÉ D'AVANCE POUÉ			20__ \$	\$			
	LITE MEMBERSHIPS ADHÉSION À VE			NO. OF YEARS N° D'ANNÉES	\$			
	DUPLICAT CARD DEUPLIÉRE CARTE				\$			
1	TOTAL NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS			TRANSMITTAL TOTAL / TOTAL REMISE		\$ 45.56		
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE				CREDIT AVAILABLE / CRÉDIT DISPONIBLE		DEDUCT CREDIT AMOUNT / BAINS MONTANT DU CRÉDIT	\$	
				DEBIT OWING / DÉBIT DO		ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT		\$
				CHEQUE # / N° DU CHÉQUE 012		CHEQUE TOTAL / TOTAL DU CHÉQUE		\$ 45.56
				X <i>B. Secretary</i> Branch Secretary or Membership Officer / Secrétaire de la Branche ou Préposé à l'adhésion				

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1st: DOMINION COMMAND COPY / 2nd: BRANCH COPY / 3rd: COPIE DE DIRECTION NATIONALE / 4th: COPIE DE FILIALE

800611 (11/2010)

FIGURE 5-3 — BRANCH TRANSMITTAL FORM

CHAPTER 6

HOW TO PROCESS A REINSTATEMENT

DESCRIPTION

Any payment of per capita tax that results in a break in service is considered a reinstatement. For example: If a member paid for 2009, did not pay for 2010 and paid for 2011, this is considered a reinstatement. (Note: A member may still renew their membership for the current and previous two years). A member may apply to any branch for reinstatement regardless of the length of time the membership has lapsed. Reinstatements are not retroactive and all previous years of service are disqualified. All reinstating members must complete a Membership Application Form which must be processed in accordance with the procedures set out in the General By-Laws. Once the application has been approved by all appropriate parties, this and any other eligibility documentation is to be maintained by the branch in the member's file. A Member Registration Form must be used to submit a reinstating member to Dominion Command.

FORMS TO USE

601. MEMBERSHIP APPLICATION FORM (See Figure 1-5)
(White two sided form) (Stock # 800293)
602. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)
 - a. White - is the Dominion Command copy
 - b. Green - is the Branch copy
603. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)
 - a. 1st copy is the Dominion Command copy
 - b. 2nd copy is the Branch copy

PROCESS

604. MEMBERSHIP APPLICATION FORM
 - a. When a person applies for reinstatement, ensure the appropriate areas of the application form are completed and all eligibility documentation is attached. You must ensure

that proof of citizenship has been established and the Privacy Statement has been completed. The application must be proposed and seconded by the voting members of the branch.

- b. The application and eligibility documents must be reviewed by the Branch Membership Committee and presented at a Branch General Meeting for approval or otherwise.
- c. When membership dues are received a receipt must be issued which will serve as proof of membership until a membership card is received.
- d. Fill out a Master Card for the member's file and record the date of payment. Add the member's name to the branch register and create a file for the member if he his new to the branch or if a file does not already exist. If the member's number is known or when the membership card is received add this information to the records.
- e. Reinstating members do not have to be re-initiated.
- f. To submit a new membership to Dominion Command complete a Member Registration Form.

605. MEMBER REGISTRATION FORM (See Figure 6-1)

- a. The member must be given a receipt for the dues paid.
- b. Record payment on the member's master card file and any other applicable branch records.
- c. A Member Registration Form must be used to submit a reinstatement to Dominion Command
- d. Complete the Member Information Section of the Member Registration Form. Ensure that the citizenship and Privacy Statement are completed and the complete mailing address and postal code is included. Include existing membership number if available. The date on the Member Registration Form should reflect the date that the member completed the application form.
- e. Complete Section D by marking the year being paid and the box indicating "REINSTATED". Note: Reinstated members are not entitled to pay 1/2 year or 1/3 year per capita tax.

- f. Retain the Membership Application Form and all eligibility documentation in the member's file. Submit the Member Registration Form (white copy) with a Branch Transmittal Form (pink) and the appropriate per capita tax. If reinstating member of the current year and renewing for the upcoming year, this should be done on the same Member Registration Form – do not submit more than one form.
- g. When submitting per capita tax, a cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

LEGION		Member Registration Form Formulaire d'Inscription du Membre		THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE					
MEMBER NUMBER / NUMÉRO DU MEMBRE 1111111	COMMAND / DIRECTION 13	BRANCH NUMBER / NUMÉRO DE FILIALE 013	SEX / SEXE 20	MONTH / MOIS 09	YEAR / ANNÉE 2010
LAST NAME / NOM DE FAMILLE SMITH		FIRST NAME & INITIALS / PRÉNOM(S) ET INITIALES JOHN			
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE 123 MAIN ST.					
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K2P 0A6	COUNTRY / PAYS CAN	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION <input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input checked="" type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT					
B MANDATORY / MANDATOIRE					
CITIZENSHIP / CITOYENNETÉ CDN		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permettre le partage d'information sur les Membres Benefits Package Consentement de l'usager de l'identification pour le programme de bénéfices pour membres de la LRC <input checked="" type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON			
MAGAZINE / REVUE <input type="checkbox"/> ENGLISH / ANGLAIS <input type="checkbox"/> FRENCH (DRAFT) / SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE / AUCUN	YEAR OF BIRTH / ANNÉE-NAISSANCE 1960	GENDER / SEXE <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
C MILITARY SERVICE / SERVICE MILITAIRE					
SERVICE NUMBER / NUMÉRO MATRICULE		<input checked="" type="checkbox"/> 2 WW I / 1914-18 <input type="checkbox"/> 3 WW II / 1939-45 <input type="checkbox"/> 4 GOLF / GOLF <input type="checkbox"/> 5 ARMY / ARMÉE <input type="checkbox"/> 6 AIR FORCE / AVIATION <input type="checkbox"/> 7 RIF. / RIF. <input type="checkbox"/> 8 RCMP / GRC <input type="checkbox"/> 9 RESERVES / RÉSERVES <input type="checkbox"/> 0 OTHER / AUTRE			
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR 2010 2020		<input type="checkbox"/> DUPLICATE CARD / DEUXIÈME CARTE <input type="checkbox"/> RENEWAL / RENOUVELLEMENT <input checked="" type="checkbox"/> REINSTATEMENT / REINSCRIPTION <input type="checkbox"/> NEW FULL YEAR / NOUVEAU UNE ANNÉE <input type="checkbox"/> NEW HALF YEAR (after June 30) / NOUVEAU DEMI ANNÉE (après le 30 juin) <input type="checkbox"/> NEW THIRD YEAR (after Aug. 31) / NOUVEAU TIERS (ANNÉE) (après le 31 août)			
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID — INDICATE YEARS BEING PREPAID / ANTICIPÉS — INDICER LES ANNÉES ANTICIPÉES		20 20 20 20 20			
2. LIFE — INDICATE NO. OF YEARS BEING PAID / À VIE — INDICER LE NOMBRE D'ANNÉES PAYÉES		<input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 TOTAL AMOUNT SUBMITTED / MONTANT TOTAL SOUMIS \$			
BRANCH APPROVAL / AUTORISATION DE FILIALE X B Secretary Branch Secretary or Member-At-Large / Secrétaire ou Membre de l'Assemblée Générale			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE X (Signature) (à remplir)		
WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / BLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA FILIALE					

FIGURE 6-1 — MEMBER REGISTRATION FORM

606. BRANCH TRANSMITTAL FORM (See Figure 6-2). Must accompany all cheques being submitted to Dominion Command.
- Complete all applicable sections which include date and command and branch.
 - Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of payments by the current year's per capita tax rate.
- Note:** If submitting half year or one third year payments calculate using 1/2 or 1/3 of the full year's per capita tax rate.
- Complete the total number of payments being submitted and the total of the transmittal.
 - Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale				THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	COMMAND / DIRECTION	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE		
25	09	2010	13	013	DOMINION OTTAWA		
NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS	YEAR PAID FOR / ANNÉE PAYÉE			RATE / TAUX	AMOUNT REMITTED / MONTANT REMIS		
1	FULL YEAR FOR ANNÉE COMPLÈTE POUR			2010 \$ 45.56	\$ 45.56		
	HALF YEAR (after June 30) DEMI-ANNÉE (après 30 juin)			20	\$		
	THIRD YEAR (after August 31) TIERS D'ANNÉE (après 31 août)			20	\$		
	PREPAID FOR PRÉPAYÉ POUR			20	\$		
	LIFE MEMBERSHIPS ADHÉSION À VIE			NO. OF YEARS N° D'ANNÉES	\$		
	DUPLICATE CARD DEUXIÈME CARTE				\$		
1	TOTAL NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS			TRANSMITTAL TOTAL / TOTAL REMISE \$ 45.56			
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE		CREDIT AVAILABLE / CRÉDIT DISPONIBLE		DEDUCT CREDIT AMOUNT / MOINS MONTANT DU CRÉDIT			
		DEBIT OWING / DÉBIT DUE		ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT			
		CHEQUE # / N° DU CHÈQUE 0112		CHEQUE TOTAL / TOTAL DU CHÈQUE \$ 45.56			
		<input checked="" type="checkbox"/>		Branch Secretary or Membership Chairman / Secrétaire de la Filiale ou Président d'adhésion <i>B. Secretary</i>			

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1st: DOMINION COMMAND COPY / 2nd: BRANCH COPY / 3rd: COPIE DE DIRECTION NATIONALE / 4th: COPIE DE FILIALE

800613 (11/2000)

FIGURE 6-2 — BRANCH TRANSMITTAL FORM

CHAPTER 7

HOW TO PROCESS A LIFE MEMBERSHIP

DESCRIPTION

A branch may nominate any Ordinary, Associate or Affiliate Voting member for a Life Membership Award for outstanding service in accordance with the General By-Laws and the Honours and Awards Manual. The membership period required is ten (10) consecutive years immediately prior to the date of nomination.

FORMS TO USE

701. APPLICATION FOR LIFE MEMBERSHIP FORM (See Figure 1-4)
(White single sided form) (Stock # 800282)
702. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)
 - a. White - is the Dominion Command copy
 - b. Green - is the Branch copy
703. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)
 - a. 1st copy is the Dominion Command copy
 - b. 2nd copy is the Branch copy

PROCESS

704. LIFE APPLICATION FORM (See Figure 7-1)
 - a. Complete the appropriate application form and citation following the procedures set out in the Honours and Awards Manual. These must be approved by your Provincial Honours and Awards Committee prior to submission to Dominion Command.
 - b. The Life Application form must be presented and approved at a branch general meeting.

Application for Life Membership

Demande pour membre à vie



Type or print in BLOCK letters and submit in duplicate / Taper ou lettres MOULÉES et soumettre en duplicata

Note: Please read the Ritual, Awards and Protocol Manual (Sections 224-231) before completing this application. /
SVP lire le Manuel du rituel, des récompenses et du protocole (Sections 224-231) avant de compléter cette demande.

Command / Direction: _____ Date: _____
Name and Number / Nom et Numéro

Branch / Filiale: _____ Membership Strength / Effectif d'adhésion: _____
Name and Number / Nom et Numéro

Branch Mailing Address / Adresse postale de la Filiale: _____

Name of Candidate / Nom du candidat/de la candidate: _____

Membership No. / No. du Membre: _____ Member Admission Date / Date d'admission du membre: _____

HONOURS AND AWARDS PREVIOUSLY GRANTED / HONNEURS ET RÉCOMPENSES DÉJÀ ACCORDÉS:

Honour or Award / Honneur ou Récompense	Date	Honour or Award / Honneur ou Récompense	Date

Age / Âge: _____ **Note:** Satisfactory proof that the age of the candidate as stated has been submitted to the undersigned. /
Preuve satisfaisante reçue par le sousigné que l'âge du candidat/ de la candidate est bien tel qu'indiqué.

59 years of age and under	15 years	59 ans ou moins	15 ans
60 - 64 years of age inclusive	10 years	60 - 64 ans inclusivement	10 ans
65 - 69 years of age inclusive	7 years	65 - 69 ans inclusivement	7 ans
70 years of age and over	5 years	70 ans et plus	5 ans

Number of years per capita tax / Nombre d'années de capitation: _____ Amount / Montant: \$ _____

Award approved at / Récompense approuvée à: _____ Date: _____
Type of meeting / Genre de réunion

Note: The citation attached to this application must be completed in detail as per regulations and must include services rendered in the Legion and may include services rendered in community. / La citation jointe à cette demande doit être complétée en détail, selon les règlements, et doit inclure les services rendus à la Légion et peut inclure les services rendus dans la communauté.

I, having prepared and/or reviewed the citation, certify that the information stated is fair and accurate. /
Je, ayant préparé et/ou revu la citation mentionnée, certifie que l'information donnée est juste et équitable.

Name / Nom: _____ Date: _____
please print / lettre moulée

Signature: _____ Signature: _____
Senior Officer / Officier supérieur Secretary / Secrétaire

Recommend / Recommandé: _____ Date: _____
Provincial Command Honours and Awards Committee /
Comité des Honneurs et Récompenses de la direction provinciale

Signature: _____ Signature: _____
Zone Commander / Commandant du Zone District Commander / Commandant du district

March / Mars 2015 800282 legion.ca

FIGURE 7-1 — APPLICATION FOR LIFE MEMBERSHIP

705. MEMBER REGISTRATION FORM (See Figure 7-2)

- a. After the Life Application Form had been approved by the general meeting of the branch, complete the Member Information Section of the Member Registration Form.
- b. Complete Section E indicating the number of years being paid according to the member's age and as indicated on the Life Application Form and Section 205.a. of the General By-Laws.

This is calculated by multiplying the number of years being paid by the current year's rate.

- c. Provincial Command approval is required for all Life applications prior to submission to Dominion Command. Approval must be shown on the document forwarded to Dominion Command with the per capita tax.
- d. The approved Member Registration Form or copy of original Application Form is to be sent to Dominion Command. Do not send original application form – this should be kept on the member's file at the branch.
- e. Cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

LEGION		Member Registration Form Formulaire d'Inscription du Membre				THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE							
MEMBER NUMBER / NUMÉRO DU MEMBRE 1231234		COMMAND / DIVISION 05		BRANCH NUMBER / NUMÉRO DE FILIALE 351		DATE / DATE 15 OCT 2011	
LAST NAME / NOM DE FAMILLE SMITH				FIRST NAME & INITIALS / PRÉNOM ET INITIALES JOHN			
MAILING ADDRESS / ADRESSE DE COURRIER 123 AVENUE RD.							
CITY / VILLE SPITTSVILLE		PROVINCE ONT		POSTAL CODE / CODE POSTAL K2S2H8		COUNTRY / PAYS CAN	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION							
<input checked="" type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT							
B MANDATORY / MANDATOIRE							
COUNTRY / PAYS CAN		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information to RCL Member Benefits Package (Autorisation de fournir de l'information pour le programme de bénéfices pour membres de la LR)					
MAGAZINE / REVUE: <input checked="" type="checkbox"/> ENGLISH / ANGLAIS <input type="checkbox"/> FRENCH INSERT / SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE / AUCUNE YEAR OF BIRTH / ANNÉE-NAISSANCE: GENDER / SEXE: <input checked="" type="checkbox"/> M / <input type="checkbox"/> F							
C MILITARY SERVICE / SERVICE MILITAIRE				SERVICE NUMBER / NUMÉRO MATRICULE			
<input type="checkbox"/> WW I / 1 ^{re} GM <input type="checkbox"/> WW II / 2 ^e GM <input type="checkbox"/> KOREA / CORÉE <input type="checkbox"/> GOLF / GOLFI <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> AIR FORCE / AVIATION <input type="checkbox"/> LP / PI <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVE / RÉSERVÉ <input type="checkbox"/> OTHER / AUTRE							
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE							
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR							
20		20		20		<input type="checkbox"/> DUPLICATE CARD / DOUBLES CARTE 20	
<input type="checkbox"/> RENEWAL / RENOUVELLEMENT		<input type="checkbox"/> REINTEGRATION / REINTEGRATION		<input type="checkbox"/> NEW FULL YEAR / NOUVEAU ANNÉE COMPLÈTE		<input type="checkbox"/> NEW HALF YEAR (after Jan 31) / NOUVEAU ANNÉE COMPLÈTE (après le 31 jan)	
<input type="checkbox"/> NEW THIRD YEAR (after Aug 31) / NOUVEAU TROISIÈME ANNÉE (après le 31 août)							
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES							
1. PREPAID — INDICATE YEARS BEING PAID / ANTICIPÉS — INDIQUEZ LES ANNÉES ANTICIPÉES							
20		20		20		20	
2. LIFE — INDICATE NO. OF YEARS BEING PAID / À VIE — INDIQUEZ LE NOMBRE D'ANNÉES PAYÉES							
<input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15		TOTAL AMOUNT COMMITTED / MONTANT TOTAL SÉRIÉ \$ 147.80					
BRANCH APPROVAL / AUTORISATION DE FILIALE X <i>P. Secretary</i>				PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE X <i>P. Command</i>			
WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / BLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA FILIALE							

FIGURE 7-2 — MEMBER REGISTRATION FORM

706. BRANCH TRANSMITTAL FORM (See Figure 7-3) Must accompany all cheques being submitted to Dominion Command.
- Complete all applicable sections which include date and command and branch.
 - Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of years by the current year's per capita tax rate.
 - Complete the total number of payments being submitted and the total of the transmittal.
 - Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

DAY / JOUR		MONTH / MOIS		YEAR / ANNÉE		COMMAND / CODE / YEAR		BRANCH # / N° DE FILIALE		BRANCH NAME / NOM DE FILIALE	
07		01		2011		13		013		DOMINION OTTAWA	
NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS		YEAR PAID FOR / ANNÉE PAIÉE						RATE / TAUX		AMOUNT PAID (ES) / MONTANT PAIÉ(S)	
		FULL YEAR FOR ANNÉE COMPLETE POUR						20__ \$		\$	
								20__ \$		\$	
		HALF YEAR (after June 30) DEMI-ANNÉE (après 30 juin)						20__ \$		\$	
		THIRD YEAR (after August 31) TIERS D'ANNÉE (après 31 août)						20__ \$		\$	
								20__ \$		\$	
		PREPAID FOR PAIÉ D'AVANCE POUR						20__ \$		\$	
								20__ \$		\$	
								20__ \$		\$	
1		LIFE MEMBERSHIP ADHÉSION À VIE		NO. OF YEARS N° D'ANNÉES		5		\$ 45.56		\$ 227.80	
				NO. OF YEARS N° D'ANNÉES				\$		\$	
		DUPLICATE CARD DEUXIÈME CARTE						\$		\$	
1		TOTAL NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS						TRANSMITTAL TOTAL / TOTAL REMISE		\$ 227.80	
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE		CREDIT AVAILABLE / CREDIT DISPONIBLE						DUCKET CREDIT AMOUNT / MONTANT DISPONIBLE DU CHEQUE		-\$	
		DEBIT OWING / DÉBIT DÙ						ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT		+\$	
		CHECK # / N° DU CHEQUE						CHECK TOTAL / TOTAL DU CHEQUE		\$ 227.80	
		X <i>C.B. Secretary</i> Branch Secretary or Membership Chairman / Secrétaire de la Filiale ou Président d'adhésion									

1st: DOMINION COMMAND COPY / 2nd: BRANCH COPY / 3rd: COPIE DE DIRECTION NATIONALE / 4th: COPIE DE FILIALE

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006611 (11/2010)

FIGURE 7-3 — BRANCH TRANSMITTAL FORM

CHAPTER 8

HOW TO PROCESS A PREPAYMENT

DESCRIPTION

A member may prepay up to five years per capita tax which should be calculated at the current year's rate.

FORMS TO USE

801. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)

- a. White - is the Dominion Command copy
- b. Green - is the Branch copy

802. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)

- a. 1st copy is the Dominion Command copy
- b. 2nd copy is the Branch copy

PROCESS

803. MEMBER REGISTRATION FORM (See Figure 8-1)

- a. The member must be given a receipt for the dues paid.
- b. Record payment on the member's master card file and any other applicable branch records.
- c. Complete the Member Information Section of the Member Registration Form.
- d. Complete Section D indicating if member is renewing for the current year.
- e. Complete Section E indicating the years being pre-paid.

Note: per capita tax for the current year must be paid before a pre-payment of future years can be processed.

- f. When submitting per capita tax a cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

LEGION		Member Registration Form Formulaire d'Inscription du Membre		THE ROYAL CANADIAN LEGION L'ÉGLISE RYGALE CANADIENNE	
A MEMBER INFORMATION - Complete Section "A" for all connections / RENSEIGNEMENTS DU MEMBRE - Remplir Section "A" pour toutes les connexions					
MEMBER NUMBER / NUMÉRO DU MEMBRE	COMMAND / DIRECTION	BRANCH NUMBER / NUMÉRO DE FILIALE	EDM / EDOM	MONTH / MOIS	YEAR / ANNÉE
111111	13	013	01	08	2010
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
SMITH		JOHN			
MAILING ADDRESS / ADRESSE DE COURRIER					
123 MAIN ST.					
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
OTTAWA		ONT.	K1G1A1	CAN	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION					
<input type="checkbox"/> LIFE À VIE <input type="checkbox"/> ORDINARY ORDINAIRE <input checked="" type="checkbox"/> ASSOCIATE ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING AFFILIÉ NON-VOTANT					
B MANDATORY / MANDATOIRE					
CITIZENSHIP / CITOYENNETÉ		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE			
CAN.		Permission to release information for RCL Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la RCL			
MAGAZINE REVUE		YEAR OF BIRTH / ANNÉE-NAISSANCE		GENDER SEXE	
<input type="checkbox"/> ENGLISH ANGLAIS <input type="checkbox"/> FRENCH INSERT SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE AUCUNE		<input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
C MILITARY SERVICE / SERVICE MILITAIRE			SERVICE NUMBER / NUMÉRO MATRICULE		
<input checked="" type="checkbox"/> WW I 1 ^{ère} GM <input type="checkbox"/> WW II 2 ^e GM <input type="checkbox"/> GULF GUERRE <input type="checkbox"/> ARMY ARMÉE <input type="checkbox"/> NAVY MARINE <input type="checkbox"/> AIR FORCE AVIATION <input type="checkbox"/> CF FC <input type="checkbox"/> RCMP GRC <input type="checkbox"/> RESERVES RÉSERVES <input type="checkbox"/> OTHER AUTRE					
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR				DUPLICATE CARD / DOUBLÉME CARTE	
2011 20 20 20				20	
<input checked="" type="checkbox"/> RENEWAL / RENOUVELLEMENT <input type="checkbox"/> REINSTATED / RÉINTEGRATION <input type="checkbox"/> NEW FULL YEAR / NOUVEAU-UNE ANNÉE <input type="checkbox"/> NEW HALF YEAR (after July 31) / NOUVEAU-DEMI-ANNÉE (après 30 juil) <input type="checkbox"/> NEW THIRD YEAR (after Aug. 31) / NOUVEAU-TROIS D'ANNÉES (après 31 août)					
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID - INDICATE YEARS BEING PREPAID / ANTI-CIPÉS - INDIQUE LES ANNÉES ANTICIPÉES					
2012 2013 2014 2015 2016					
2. LIFE - INDICATE NO. OF YEARS BEING PAID / À VIE - INDIQUE LE NOMBRE D'ANNÉES PAYÉES					
5 7 10 15					
TOTAL AMOUNT SUBMITTED / MONTANT TOTAL DÉPOSÉ				\$ 177.36	
BRANCH APPROVAL / AUTODÉCLARATION DE FILIALE			PROVINCIAL COMMAND APPROVAL / AUTODÉCLARATION DE DIRECTION PROVINCIALE		
X B. Secretary			X		
Branch Secretary or Membership Chairman / Secrétaire de la Filiale ou Président de l'adhésion			If possible / Si possible		
WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / BLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA FILIALE			880613 (11/2010)		

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FIGURE 8-1 — MEMBER REGISTRATION FORM

804. BRANCH TRANSMITTAL FORM (See Figure 8-2). Must accompany all cheques being submitted to Dominion Command.

- a. Complete all applicable sections which include date and command and branch.
- b. Indicate the number of payments being submitted for corresponding year. To calculate the total, multiply the number of payments by the current year's per capita tax rate.
- c. Complete the total number of payments being submitted and the total of the transmittal.
- d. Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

LEGION		Branch Transmittal Form Formulaire de Remise de Filiale				THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	COMMAND / DIRECTION	BRANCH # / N° DE FILIALE	BRANCH NAME / NOM DE FILIALE		
01	12	2010	05	480	WESTBORO		
NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS	YEAR PAID FOR / ANNÉE PAYÉE			RATE / TAUX	AMOUNT REMITTED / MONTANT REMIS		
1	FULL YEAR FOR ANNÉE COMPLÈTE POUR			2011	\$ 29.56	\$ 29.56	
				20__	\$	\$	
				20__	\$	\$	
	HALF YEAR (after June 30) SEMI-ANNÉE (après le 30 juin)			20__	\$	\$	
	THIRD YEAR (after August 31) TIERS ANNÉE (après le 31 août)			20__	\$	\$	
1				2012	\$ 29.56	\$ 29.56	
1				2013	\$ 29.56	\$ 29.56	
1	PREPAID FOR PAIÉ D'AVANCE POUR			2014	\$ 29.56	\$ 29.56	
1				2015	\$ 29.56	\$ 29.56	
1				2016	\$ 29.56	\$ 29.56	
	LIFE MEMBERSHIPS ADHESION À VIE			NO. OF YEARS N° D'ANNÉES	\$	\$	
					\$	\$	
	DUPLICATE CARD DEUXIÈME CARTE				\$	\$	
6	TOTAL NUMBER OF PAYMENTS / NOMBRE DE PAIEMENTS				TRANSMITTAL TOTAL / TOTAL REMISE	\$ 177.36	
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE		CREDIT AVAILABLE / CRÉDIT DISPONIBLE		DEDUCT CREDIT AMOUNT / MOINS MONTANT DU CRÉDIT		\$	
		DEBIT OWING / DÉBIT DU		ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT		\$	
		CHEQUE # / N° DU CHEQUE 0611		CHEQUE TOTAL / TOTAL DU CHEQUE		\$ 177.36	
		X <i>B. Secretary</i> Branch Secretary or Membership Executive / Secrétaire de la Filiale ou Président de section					

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800611/1/2010

FIGURE 8-2 — BRANCH TRANSMITTAL FORM

CHAPTER 9

HOW TO REQUEST A DUPLICATE CARD

DESCRIPTION

If a member's card has been lost, stolen or destroyed a duplicate card can be ordered at a cost of \$3.00. A duplicate card cannot be issued unless per capita tax for the year requested has been paid.

FORMS TO USE

901. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)
 - a. White - is the Dominion Command copy
 - b. Green - is the Branch copy
902. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)
 - a. 1st copy is the Dominion Command copy
 - b. 2nd copy is the Branch copy

PROCESS

903. MEMBER REGISTRATION FORM (See Figure 9-1)
 - a. Complete the Member Information Section of the Member Registration Form.
 - b. Complete Section D by checking the box for a duplicate card. Indicate the year that is required.
 - c. Cheque must be accompanied by the above forms as well as a Branch Transmittal Form. Cheque must be made payable to Dominion Command.

		Member Registration Form Formulaire d'Inscription du Membre			
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE					
MEMBER NUMBER / NUMÉRO DU MEMBRE		BRANCH / DIRECTION	BRANCH NUMBER / NUMÉRO DE BRANCHE	LIFE / VIE	MONTH / MOIS
111111		13	013	01	07
LAST NAME / NOM DE FAMILLE			FIRST NAME & INITIALS / PRÉNOM ET INITIALES		
SMITH			JOHN		
MAILING ADDRESS / ADRESSE DE COURRIER					
123 MAIN ST.					
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
OTTAWA		ON	K1B 1A1	CAN	
EMAIL / COURRIEL					
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION					
<input type="checkbox"/> LIFE À VIE		<input type="checkbox"/> ASSOCIATE ASSOCIÉ		<input type="checkbox"/> AFFILIATE VITANT	
<input type="checkbox"/> DEPENDENT DÉPENDANT		<input checked="" type="checkbox"/> ASSOCIATE ASSOCIÉ		<input type="checkbox"/> AFFILIATE NON-VITANT	
<input type="checkbox"/> ASSOCIATE ASSOCIÉ		<input type="checkbox"/> AFFILIATE VITANT		<input type="checkbox"/> AFFILIATE NON-VITANT	
B MANDATORY / MANDATOIRE					
CITIZENSHIP / CITIZENNETÉ		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE (Permission to release information for BCL Member Benefits Package) (Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC)			
CDN		<input checked="" type="checkbox"/> YES OUI		<input type="checkbox"/> NO NON	
MAGAZINE REVUE		YEAR OF BIRTH ANNÉE DE NAISSANCE		GENDER SEXE	
<input type="checkbox"/> ENGLISH ANGLAIS <input type="checkbox"/> FRENCH-FRANÇAIS <input type="checkbox"/> NONE AUCUNE		<input type="checkbox"/> 1940-1949 <input type="checkbox"/> 1950-1959 <input type="checkbox"/> 1960-1969 <input type="checkbox"/> 1970-1979 <input type="checkbox"/> 1980-1989 <input type="checkbox"/> 1990-1999 <input type="checkbox"/> 2000-2009 <input type="checkbox"/> 2010-2019		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
C MILITARY SERVICE / SERVICE MILITAIRE			SERVICE NUMBER / NUMÉRO MATRICULE		
<input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> AIR FORCE / FORCE AÉRIENNE <input type="checkbox"/> CANADIAN ARMY / ARMÉE CANADIENNE <input type="checkbox"/> CANADIAN AIR FORCE / FORCE AÉRIENNE CANADIENNE <input type="checkbox"/> CANADIAN NAVY / MARINE CANADIENNE <input type="checkbox"/> RESERVE / RÉSERVE <input type="checkbox"/> OTHER / AUTRE					
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR		20		20	
RENEWAL / RENOUVELLEMENT		REINSTATED / REINTEGRATION		NEW-FULL YEAR / NOUVEAU-UNE ANNÉE	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
NEW-HALF YEAR / NOUVEAU-DÉMI-ANNÉE		NEW-THIRD YEAR / NOUVEAU-TROIS ANNÉES		<input checked="" type="checkbox"/> DUPLICATE CARD / DEUXIÈME CARTE	
<input type="checkbox"/>		<input type="checkbox"/>		2010	
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID — INDICATE YEARS BEING PREPAID / ANTIPOÉS — INDIQUEZ LES ANNÉES ANTIPOÉES		20		20	
2. LIFE — INDICATE NO. OF YEARS BEING PAID / À VIE — INDIQUEZ LE NOMBRE D'ANNÉES PAYÉES		5		7	
		10		15	
TOTAL AMOUNT SUBMITTED / MONTANT TOTAL DÉPOSÉ				\$ 3.00	
BRANCH APPROVER / AUTORISATION DE BRANCHE			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE		
<input checked="" type="checkbox"/> Secretary Branch Secretary / Responsable de Branche / Secrétaire de Branche			<input checked="" type="checkbox"/>		
WHITE: DOMINION COMMAND COPY / GREEN: BRANCH COPY / BLANC: COPIE DE DIRECTION NATIONALE / VERT: COPIE DE LA BRANCHE					

FIGURE 9-1 — MEMBER REGISTRATION FORM

CHAPTER 10

HOW TO PROCESS A TRANSFER

DESCRIPTION

Members may apply to any branch to transfer their membership. The branch that the member wishes to transfer to must initiate the transfer. A transfer cannot be initiated by the old branch. Transfers must be approved at a branch general meeting before submitting to Dominion Command for processing.

FORMS TO USE

1001. TRANSFER APPLICATION FORM (See Figure 1-6)
(White two sided form) (Stock # 800792)

1002. MEMBER DATA CHANGE FORM (See Figure 1-2)
(Yellow two part form) (Stock # 800669)

- a. Yellow - is the Dominion Command copy
- b. Blue - is the Branch copy

1003. MEMBER REGISTRATION FORM (See Figure 1-1)
(MRF - White two part form) (Stock # 800613)

- a. White - is the Dominion Command copy
- b. Green - is the Branch copy

1004. TRANSMITTAL FORM (See Figure 1-3)
(Pink two part form) (Stock # 800611)

- a. 1st copy is the Dominion Command copy
- b. 2nd copy is the Branch copy

PROCESS

1005. TRANSFER APPLICATION FORM (See Figures 10-1 and 10-2).

- a. Members who wish to transfer must complete a Transfer Application Form at the branch they wish to transfer to. They may only apply to transfer if they are in good standing or if lapsed for not more than the current or immediate preceding two years and the arrear years are paid at the time of transfer.
- b. If the member does not have a Membership Card to prove current status, the branch should contact the previous branch or Dominion Command for confirmation.

c. The branch membership committee should review the application form and contact the previous branch to ensure that the member is in good standing and obtain any information that may be pertinent.

d. The application must be presented to a general meeting of the branch for approval or otherwise.

	THE ROYAL CANADIAN LEGION APPLICATION FOR TRANSFER <small>(Type or Print in BLOCK letters)</small>	
Command: <u>05</u>	Branch Name: <u>WESTBORO</u>	Branch No.: <u>480</u>
Branch Address: <u>389 RICHMOND RD. OTTAWA ON</u>		<u>K2A 0E7</u>
MEMBER INFORMATION		
Applicant's Name: Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> <u>SMITH</u> <u>JOHN</u>		
Address: <u>123 MAIN ST.</u> <u>OTTAWA</u> <u>ON</u> <u>K1B 1A1</u>		
Previous Address: <u>85 ANY AVENUE</u> <u>OTTAWA</u> <u>ON</u> <u>K0A 1B0</u>		
Phone No. (Home): <u>613-456-1234</u> (Other): _____ E-Mail: _____		
Date of Birth: _____ Place of Birth: <u>OTTAWA</u> Citizenship: <u>CDN</u> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Next of Kin: <u>P. SMITH</u> Relationship: <u>SPOUSE</u>		
Membership No.: <u>111111</u> Membership Category: <u>ASSOCIATE</u> Years of Service: <u>9</u>		
Last year paid as per membership card: <u>2009</u> (Please complete Record of Legion Service on reverse)		
PREVIOUS BRANCH INFORMATION		
Command: <u>13</u> Branch Name: <u>DOMINION OTTAWA</u> Branch No.: <u>013</u>		
Branch Address: <u>85 AIRB PLACE</u> <u>OTTAWA ON</u> <u>K2L 0A1</u>		
Branch Phone No.: <u>613-591-3335</u> Branch Secretary: _____		
I hereby certify to the correctness of all particulars contained herein and make application to transfer membership.		
Applicant's Signature: _____ Date: _____		
FOR BRANCH USE		
<i>Note: Contact previous branch for confirmation of membership status prior to submission to Dominion Command.</i>		
Date of Contact: _____ Person Contacted: _____		
Information from Previous Branch: _____		
Approval of Branch Membership Committee: _____ Date: _____		
Date documentation received from previous Branch: _____ <small>(Should be received shortly after receipt of "Transfer Report" from Dominion Command)</small>		
Please Note: Transfer Application must be passed at branch general meeting PRIOR to submission to Dominion Command. Transfer cannot be canceled once processed by Dominion Command.		
Date passed at General Meeting: _____		
DOCUMENTATION SUBMITTED TO DOMINION COMMAND		
<i>Please Note: Transfer cannot be processed unless Per Capita Tax for the current year has been paid or is being paid at time transfer is submitted to Dominion Command. If submitting Per Capita Tax at time of transfer, a Member Registration Form must be attached to the Member Data Change Form.</i>		
Member Data Change Form <input type="checkbox"/> Per Capita Tax AND Member Registration Form <input type="checkbox"/> Date Submitted: _____		
<small>(Transfer Application Form to be retained at the Branch)</small>		

FIGURE 10-1 — APPLICATION FOR TRANSFER FORM (FRONT)

- e. If paying dues at the time of the transfer, a receipt should be given as proof of membership until a membership card is received.
- f. The member's file will not be forwarded from the old branch until the transfer has been processed by Dominion Command; therefore, you should record the receipt number and date of payment in a temporary file until the member's file is received. At this time the payment should be recorded on the member's master card.

RECORD OF LEGION SERVICE

Date of original admission to Legion: _____

Name and Number of Branch, location and date of initiation: _____

List of Branches in which you have been a member with dates of joining and leaving, if known: _____

List any offices held showing Branch and dates: _____

List any Honours and Awards granted, showing Branch and Command and date: _____

WHAT BRANCH ACTIVITIES INTEREST YOU MOST?

Service Work—Welfare	<input type="checkbox"/>	Remembrance—Poppy	<input type="checkbox"/>
Branch Social Activities	<input type="checkbox"/>	Community Activities	<input type="checkbox"/>
Committee Work	<input type="checkbox"/>	Sports Program	<input type="checkbox"/>
Youth Activities	<input type="checkbox"/>	Organization - Administration	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

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FIGURE 10-2 — APPLICATION FOR TRANSFER FORM (BACK)

1006.MEMBER DATA CHANGE FORM (See Figure 10-3)

- a. Complete the Member Information Section "A" including member number, command/branch number, name and address, etc;
- b. Complete Section "B" indicating new command and new branch;
- c. Complete any other applicable areas in Section "B" such as the address if the member's address has also changed;
- d. A transfer cannot be processed if the current year's per capita tax has not been or is not being submitted to Dominion Command at the time of the transfer – see Member Registration Form (below) if submitting per capita tax.

LEGION		Member Data Change Form Modifications des Données sur le Membre		THE REAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
ACTUAL REGISTRATION FORM OR GENERAL CARD IS MAKING PAYMENT / INCLURE UN FORMULAIRE D'INSCRIPTION OU CARTE DE RENSEIGNEMENTS SI VOUS FAITES UN PAIEMENT					
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE <small>(Complete Section "A" de ce formulaire) (Complétez Section "A" de votre carte membre)</small>					
MEMBER NUMBER / NUMÉRO DU MEMBRE: 111111		COMMAND / DÉPOT/BRANCH 13	BRANCH NUMBER / NUMÉRO DE FILIALE 013	DAY CODE 09	MONTH / MOIS 07
LAST NAME / NOM DE FAMILLE SMITH		FIRST NAME & INITIAL(S) / PRÉNOM ET INITIALES JOHN			
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE 123 MAIN ST.					
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K1B 1A1	COUNTRY / PAYS CAN	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION CDN					
<input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input checked="" type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT <input type="checkbox"/> RETIRED / À VIE MÉRITÉE					
PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information to: <input checked="" type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON Consentement de divulguer de l'information pour le programme de bénéfices pour membres de la LRC: <input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON					
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS					
COMMAND / DIRECTION 05		BRANCH NUMBER / NUMÉRO DE FILIALE 480	FMS OF LIFETIME(S) SERVICE / ANNÉES DE SERVICE CUMULÉ 20	TOTAL FMS / ANN. TOTAL	
LAST NAME / NOM DE FAMILLE					
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE 85 ANY AVENUE					
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K0A 1B0	COUNTRY / PAYS CAN	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION <input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT					
REASON FOR CHANGE / RAISON POUR CHANGEMENT					
MILITARY SERVICE / SERVICE MILITAIRE			SERVICE NUMBER / NUMÉRO MILITAIRE C.S.		
<input type="checkbox"/> WW I / 1 ^{re} GM <input type="checkbox"/> WW II / 2 ^e GM <input type="checkbox"/> KOREA / COREE <input type="checkbox"/> GULF / GOLFE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> AIR FORCE / AVIATION <input type="checkbox"/> ET / FC <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVES / RÉSERVES <input type="checkbox"/> OTHER / AUTRE					
MAGAZINE / REVUE ENGLISH / ANGLAIS FRENCH INSERT / SUPPLÉMENT FRANÇAIS NONE / AUCUN DECEASED / DÉCÉDÉ YEAR OF BIRTH / ANNÉE NAISSANCE GENDER / SEXE M F					
BRANCH APPROVAL / AUTORISATION DE FILIALE X B Secretary			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE X		
YELLOW: DOMINION COMMAND COPY / BLEU: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE					

FIGURE 10-3 — MEMBER DATA CHANGE FORM

1007. MEMBER REGISTRATION FORM (See Figure 10-4)

- a. If the current year's per capita tax is not paid then you must include per capita tax when submitting the Member Data Change Form.
- b. Complete the Member Information Section of the Member Registration Form and attach it to the Membership Data Change Form.
- c. Complete Section D indicating the year for which the member is renewing. If in arrears for more than the current year indicate all years being paid. Note: that a member can renew for only the current and/or two immediate preceding years.
- d. When submitting per capita tax, a cheque made payable to Dominion Command must accompany the above forms as well as a Branch Transmittal Form.

LEGION		Member Registration Form Formulaire d'Inscription du Membre		THE ROYAL CANADIAN LEGION LE LÉGION ROYALE CANADIENNE	
A MEMBER INFORMATION / RENSEIGNEMENTS DU MEMBRE					
MEMBER NUMBER / NUMÉRO DU MEMBRE		COMMAND / DIRECTION		BRANCH NUMBER / NUMÉRO DE FILIALE	
011111		05		480	
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIAL / PRÉNOM ET INITIALES		DAY / JOUR	
SMITH		JOHN		01	
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE					
85 ANY AVENUE					
CITY / VILLE		PROVINCE		POSTAL CODE / CODE POSTAL	
OTTAWA		ON		K0A 1B0	
COUNTRY / PAYS					
CAN					
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION					
<input type="checkbox"/> LIFE / À VIE		<input type="checkbox"/> GROWING / EN COURSE		<input checked="" type="checkbox"/> ASSOCIATE	
<input type="checkbox"/> AFFILIATE VOTING		<input type="checkbox"/> AFFILIATE NON-VOTING			
B MANDATORY / MANDATOIRE					
MEMBERSHIP / COORDONNÉE		PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE			
CDN		Permettre la release d'information au RC Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRL			
<input checked="" type="checkbox"/> YES / OUI		<input type="checkbox"/> NO / NON			
MAGAZINE NEWS		YEAR OF BIRTH / ANNÉE-NAISSANCE		GENDER / SEXE	
<input type="checkbox"/> ENGLISH / ANGLAIS		<input type="checkbox"/> FRENCH / FRANÇAIS		<input checked="" type="checkbox"/> M / M	
C MILITARY SERVICE / SERVICE MILITAIRE					
ARMY / ARME		NAVY / MARINE		AIR FORCE / AVIATION	
3		A		C	
D MEMBER REGISTRATION / INSCRIPTION DU MEMBRE					
THIS MEMBERSHIP IS FOR / CETTE ADHÉSION EST POUR		DUPLICATE CARD / DOUBLERME CARTE			
201		20		20	
<input checked="" type="checkbox"/> RENEWAL / RENOUVELLEMENT		<input type="checkbox"/> REINSTATED / REINTEGRATION		<input type="checkbox"/> NEW-FULL YEAR / NOUVEAU ANNÉE ANNEE (après 31 août)	
<input type="checkbox"/> NEW-FULL YEAR / NOUVEAU ANNÉE ANNEE (après 31 août)		<input type="checkbox"/> NEW-FULL YEAR / NOUVEAU ANNÉE ANNEE (après 31 août)		<input type="checkbox"/> NEW-THIRD YEAR / NOUVEAU TIERCE D'ANNÉE (après 31 août)	
E SUPPLEMENTARY PAYMENTS / PAIEMENTS SUPPLÉMENTAIRES					
1. PREPAID - INDICATE YEARS BEING PREPAID / ANTIOPES - INDIQUEZ LES ANNÉES ANTIOPES		20		20	
2. LIFE - INDICATE NO. OF YEARS BEING PAID / À VIE - INDIQUEZ LE NOMBRE D'ANNÉES PAYÉES		<input type="checkbox"/> 5		<input type="checkbox"/> 7	
		<input type="checkbox"/> 10		<input type="checkbox"/> 15	
		TOTAL AMOUNT SUBMITTED / MONTANT TOTAL SOUMIS		\$ 29.56	
SEARCH APPROVAL / AUTORISATION DE FILIALE			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE		
X B Secretary			X		

FIGURE 10-4 — MEMBER REGISTRATION FORM

1008. BRANCH TRANSMITTAL FORM (See Figure 10-5) Must accompany all cheques being submitted to Dominion Command.

- a. Complete all applicable sections which include date and command and branch.
- b. Indicate the number of payment being submitted. To calculate the total, multiply the per capita tax rate by the number of payments.
- c. Complete the total number of payments being submitted and the total of the transmittal.
- d. Complete cheque information by providing the cheque number and the total amount of the cheque being submitted.

JULY / AOÛT		MONTH / MOIS		YEAR / ANNÉE		COMMAND / DISTRICT		BRANCH # / N° DE FILIALE		BRANCH NAME / NOM DE FILIALE	
01		07		2010		05		480		WESTBORO	
NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS		LEAD PAID FOR / ANNÉE PAÏÉE						RATE / TAUX		AMOUNT REMITTED / MONTANT REMIS	
1		FULL YEAR FOR ANNÉE COMPLÈTE POUR						2011 \$ 29.56		\$ 29.56	
		PART YEAR (after June 30) SEM-ANNÉE (après 30 juin)						20__ \$		\$	
		THIRD YEAR (after August 31) TRES D'ANNÉE (après 31 août)						20__ \$		\$	
		PREPAID FOR PAYÉ D'AVANCE POUR						20__ \$		\$	
								20__ \$		\$	
								20__ \$		\$	
		LIFE MEMBERSHIPS ADHESION À VIE						NO. OF YEARS N° D'ANNÉES		\$	
								NO. OF YEARS N° D'ANNÉES		\$	
		DUPLICATE CARD DEUXIÈME CARTE						\$		\$	
1		TOTAL NUMBER OF PAYMENTS / NOMBRE DE PaiEMENTS						TRANSMITTAL TOTAL / TOTAL REMISE		\$ 29.56	
FOR DOMINION COMMAND USE À L'USAGE DE LA DIRECTION NATIONALE		CREDIT AVAILABLE / CRÉDIT DISPONIBLE						DEDUCT CREDIT AMOUNT / MOINS MONTANT DU CRÉDIT		-\$	
		DEBIT AMOUNT / DÉBIT DU						ADD DEBIT AMOUNT / PLUS MONTANT DU DÉBIT		+\$	
		CHEQUE # / N° DU CHÉQUE 0010						CHEQUE TOTAL / TOTAL DU CHÉQUE		\$ 29.56	
		X <i>CP Secretary</i> Branch Secretary or Member 2nd Chairman / Secrétaire à l'usage ou Président d'adhésion									

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FIGURE 10-5 — BRANCH TRANSMITTAL FORM

CHAPTER 11

HOW TO PROCESS A DECEASED MEMBER

DESCRIPTION

Dominion Command must be advised of the death of any member regardless of membership category. Legion Magazine publishes a removable Last Post Section in the magazine twice a year in the spring and fall and posts the entries in a searchable database on their website www.legionmagazine.com. The Last Post is reserved for Ordinary members of The RCL at the time of death; RCL Life members who were previously Ordinary members and Canadian War Veterans. The branch should complete and submit a Last Post Death Notice for members who have had military service in order to publish an announcement in Legion Magazine. Only those received within a year of the date of death are published in the magazine.

FORMS TO USE

1101. MEMBER DATA CHANGE FORM (See Figure 1-2)
(Yellow two part form) (Stock # 800669)
- a. Yellow - is the Dominion Command copy
 - b. Blue - is the Branch copy
1102. LAST POST DEATH NOTICE (See Figure 1-8)
(Blue single sided form) (Stock # 800430)

PROCESS

1103. MEMBER DATA CHANGE FORM (See Figure 11-1)
- a. Complete a Member Data Change Form for all categories of membership;
 - b. Complete the Member Information Section "A", including member #, command/branch, name and address;
 - c. Complete Section "B" NEW INFORMATION – Under the section for Legion Magazine at the bottom of the form, mark the box DECEASED to identify any deceased member.

		Member Data Change Form Modifications des Données sur le Membre						
ATTACH TO REGISTRATION FORM OR RENEWAL CARD IF MAKING PAYMENT / INCLURE UN FORMULAIRE D'INSCRIPTION OU CARTE DE RENEUVELLEMENT SI VOUS FAITES UN PAIEMENT								
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE (Complete Section "A" for all transactions) / (Compléter Section "A" pour toutes transactions)								
MEMBER NUMBER / NUMÉRO DU MEMBRE 2222222		COMMAND / DIRECTION 13		BRANCH NUMBER / NUMÉRO DE BRANCHE 013		CAT. YEAR 30	MONTH / MOIS 08	YEAR / ANNÉE 2010
LAST NAME / NOM DE FAMILLE JOHNSON				FIRST NAME & INITIALS / PRÉNOM ET INITIALES PATRICK				
MAILING ADDRESS / ADRESSE DE COURRIER 456 WILSON AVE								
CITY / VILLE OTTAWA		PROVINCE ON		POSTAL CODE / CODE POSTAL K2L 0A1		COUNTRY / PAYS CAN		
EMAIL / COURRIEL								
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION <input type="checkbox"/> LIFE / À VIE <input checked="" type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT <input type="checkbox"/> VETERANOUS LIFE / À VIE MÉDAILLÉ								
CITIZENSHIP / CITOYENNETÉ CDN								
PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for the RCL Member Benefits Package / Consentement de divulguer de l'information pour le programme de bénéfices pour membres de la LRC								
						YES / OUI	NO / NON	
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS								
COMMAND / DIRECTION		BRANCH NUMBER / NUMÉRO DE BRANCHE		YES OF CONTINUOUS SERVICE / ANNIÉES DE SERVICE CONTINUÉ		YRCL 20	TOTAL YRS. / ANS TOTAL	
LAST NAME / NOM DE FAMILLE				FIRST NAME & INITIALS / PRÉNOM ET INITIALES				
MAILING ADDRESS / ADRESSE DE COURRIER								
CITY / VILLE		PROVINCE		POSTAL CODE / CODE POSTAL		COUNTRY / PAYS		
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION <input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT								
REASON FOR CHANGE / RAISON POUR CHANGEMENT								
MILITARY SERVICE / SERVICE MILITAIRE				SERVICE NUMBER / NUMÉRO MATRICULE				
<input type="checkbox"/> WW I / 1 ^{re} GM <input type="checkbox"/> WW II / 2 ^e GM <input type="checkbox"/> KOREA / CORÉE <input type="checkbox"/> GULF / GOLFE <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> SAMY / RAMÉE <input type="checkbox"/> AIR FORCE / AVIATION <input type="checkbox"/> OF FC <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVES / RÉSERVES <input type="checkbox"/> OTHER / AUTRE								
MAGAZINE / REVUE <input type="checkbox"/> ENGLISH / ANGLAIS <input type="checkbox"/> FRENCH / FRANÇAIS <input type="checkbox"/> SUPPLEMENT / SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE / AUCUN <input checked="" type="checkbox"/> DECLARED / DÉCLARÉ YEAR OF BIRTH / ANNÉE-NAISSANCE GENDER / SEXE <input type="checkbox"/> M <input type="checkbox"/> F								
BRANCH APPROVAL / AUTOSIGNATURE OF BRANCH X <i>B. Secretary</i>				PROVINCIAL COMMAND APPROVAL / AUTOSIGNATURE OF DIRECTION PROVINCIALE X				
www.legion.ca YELLOW: DOMINION COMMAND COPY / BLUE: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE BRANCHE								

FIGURE 11-1 — MEMBER DATA CHANGE FORM

1104. LAST POST DEATH NOTICE (if applicable) (See Figure 11-2)

- a. An announcement will be published in the Legion Magazine for any member who has had military service and notification for the death has reached Legion Magazine within one year of the date of death. The onus is on the branches to submit these notices promptly. Late notices will only be entered in the Last Post database on the Legion Magazine website. Notices without a date of death will not be published.
- b. Complete appropriate section on the form providing all known information regarding the deceased.
- c. Provide membership information including Command/Branch, membership number and the last year membership dues were paid.
- d. If the deceased was a Legion member and the widow(er) is not and wishes to receive Legion magazine for the duration of the calendar year, please complete the section "WIDOW(ER) INFORMATION"; otherwise the deceased's subscription will be cancelled.

If the deceased was a Legion member and the widow(er) is also a Legion member but is currently not receiving the magazine, please complete all areas under this section in order to reactivate the widow(er)'s subscription.

- e. The Last Post Notice must be mailed to:

Last Post, Legion Magazine

86 Aird Place
Kanata, ON K2L 0A1

LAST POST DEATH NOTICE

Legion Magazine publishes a removable Last Post Section in print twice a year, in the spring and fall, and at that time posts the entries in a searchable database on the Web site www.legionmagazine.com.

Last Post is reserved for these groups: 1) Ordinary members of The Royal Canadian Legion at time of death; 2) RCL life members who were previously ordinary members; and 3) Canadian war veterans (WW I, WW II, Korean War, Gulf War) who were not RCL members at time of death.

The onus is on branches to submit notices promptly. Type or print to ensure legibility. Be thorough and accurate. We only publish in the print magazine those notices received at our Ottawa office within one year of death. Late notices will only be entered in the Last Post database on our Web site, where they will have historical value. We do not publish notices that lack a date of death.

Please note that because of the growing public concern about identity theft, we will no longer publish any service number that consists of 9 numerals since this could also be a social insurance number. Your understanding is appreciated.

SURNAME (INCLUDE MAIDEN NAME IF APPLICABLE) JOHNSON RANK _____ GIVEN NAMES PATRICK GALLANTRY AWARDS _____

SERVICE NUMBER _____ UNIT/BRANCH OF SERVICE _____

WW I WW II KOREAN WAR GULF WAR

DATE OF DEATH 03 / 17 / 2010 AGE 70 LIFE MEMBER ORDINARY MEMBER VETERAN NON-MEMBER

NAME OF BRANCH AND LOCATION (TOWN OR CITY) DOMINION OTTAWA BRANCH OTTAWA ON PROVINCE ON BRANCH NO. 013

LAST ADDRESS 456 WILSON AVE APT OR PO BOX NO. _____ ADDRESS _____

CITY OTTAWA PROVINCE ON POSTAL CODE K2L 0A1

DECEASED'S LEGION MEMBER NUMBER 222222 LAST YEAR MEMBER PAID FOR 2010

NOTICE SUBMITTED BY _____ TITLE _____

WIDOW(ER) INFORMATION

If the deceased was a Legionnaire and the widow(er) is not a Legion member and wishes Legion Magazine to be mailed for the duration of the calendar year, please provide the information requested below; otherwise the deceased's subscription will be cancelled as of this notice.

If the deceased was a Legionnaire and the widow(er) is a Legion member but is not currently receiving the magazine, please provide the information requested below to reactivate the widow(er)'s subscription.

SPOUSAL INFO: LEGION MEMBER NO YES LEGION NO. 111111

SURNAME OF WIDOW(ER) JOHNSON GIVEN NAME MARY

APT OR PO BOX NO. 456 ADDRESS WILSON AVE

CITY OTTAWA PROVINCE ON POSTAL CODE K2L 0A1

MAIL THIS NOTICE TO: LAST POST, LEGION MAGAZINE, 86 AIRD PLACE, KANATA, ON K2L 0A1.
 REORDER FROM: SUPPLY DEPT., THE ROYAL CANADIAN LEGION, 86 AIRD PLACE, KANATA, ON K2L 0A1. ASKING FOR FORM NO. 800430—August 2006

FIGURE 11-2 — LAST POST DEATH NOTICE

CHAPTER 12

HOW TO PROCESS MEMBER INFORMATION CHANGES

DESCRIPTION

Any changes to a member's information must be submitted to Dominion Command by completing the appropriate sections on a Member Data Change Form. This form is used to provide Dominion Command with new or changed information pertaining to an existing member. A new Membership Card will be issued if the change affects the information reflected on the Membership Card, (ie. transfers, name changes, category changes) providing per capita tax has been paid for the current year. If not paid, a new card will be issued at the time the per capita tax is processed.

FORMS TO USE

1201. MEMBER DATA CHANGE FORM (See Figure 1-2).
(Yellow two part form) (Stock # 800669)
- a. Yellow - is the Dominion Command copy
 - b. Blue - is the Branch copy

PROCESS

1103. MEMBER DATA CHANGE FORM Complete the Member Information Section providing all applicable information including member number, command/branch number, address, category, citizenship and privacy information. For any changes, complete the appropriate area under the section "New Information."

- a. **Privacy Statement:** (See Figure 12-1) in order to change the privacy information complete the Privacy Statement.

LEGIION		Member Data Change Form Modifications des Données sur le Membre				THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE																	
ATTACH REGISTRATION FORM OR RENEWAL CARD IF MAKING PAYMENT / ATTACHEZ LE FORMULAIRE D'ENREGISTREMENT DU CARTE DE RENOUVELLEMENT SI VOUS FAITES UN PAIEMENT																							
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE																							
MEMBER NUMBER / NUMÉRO DU MEMBRE 111111	COMMAND / SECTION 13	BRANCH NUMBER / NUMÉRO DE FILIALE 013	DAY MONTH 31 08	YEAR / ANNÉE 2010																			
LAST NAME / NOM DE FAMILLE SMITH		FIRST NAME & INITIALS / PRÉNOM ET INITIALES JOHN																					
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE 123 MAIN ST.																							
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K2L 0A1	COUNTRY / PAYS CAN																			
EMAIL / COURRIEL																							
<table border="0"> <tr> <td><input type="checkbox"/> LIFE</td> <td><input type="checkbox"/> LIFE À VIE</td> <td><input type="checkbox"/> ORDINARY</td> <td><input checked="" type="checkbox"/> ASSOCIATE</td> <td><input type="checkbox"/> AFFILIATE VOTING</td> <td><input type="checkbox"/> AFFILIATE NON-VOTING</td> <td><input type="checkbox"/> MEMBERSHIP LIFE</td> </tr> <tr> <td><input type="checkbox"/> CATEGORIE D'ADHESION</td> <td><input type="checkbox"/> ORDINAIRE</td> <td><input checked="" type="checkbox"/> ASSOCIE</td> <td><input type="checkbox"/> AFFILIE VOTANT</td> <td><input type="checkbox"/> AFFILIE NON-VOTANT</td> <td><input type="checkbox"/> A VIE MEMBRE</td> <td></td> </tr> </table>								<input type="checkbox"/> LIFE	<input type="checkbox"/> LIFE À VIE	<input type="checkbox"/> ORDINARY	<input checked="" type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE VOTING	<input type="checkbox"/> AFFILIATE NON-VOTING	<input type="checkbox"/> MEMBERSHIP LIFE	<input type="checkbox"/> CATEGORIE D'ADHESION	<input type="checkbox"/> ORDINAIRE	<input checked="" type="checkbox"/> ASSOCIE	<input type="checkbox"/> AFFILIE VOTANT	<input type="checkbox"/> AFFILIE NON-VOTANT	<input type="checkbox"/> A VIE MEMBRE			
<input type="checkbox"/> LIFE	<input type="checkbox"/> LIFE À VIE	<input type="checkbox"/> ORDINARY	<input checked="" type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE VOTING	<input type="checkbox"/> AFFILIATE NON-VOTING	<input type="checkbox"/> MEMBERSHIP LIFE																	
<input type="checkbox"/> CATEGORIE D'ADHESION	<input type="checkbox"/> ORDINAIRE	<input checked="" type="checkbox"/> ASSOCIE	<input type="checkbox"/> AFFILIE VOTANT	<input type="checkbox"/> AFFILIE NON-VOTANT	<input type="checkbox"/> A VIE MEMBRE																		
PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for RCL Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC																							
YES / OUI <input checked="" type="checkbox"/>						NO / NON <input type="checkbox"/>																	
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS																							
COMMAND / SECTION	BRANCH NUMBER / NUMÉRO DE FILIALE	YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE (CONTINUÉ)	AGE / ÂGE 20	TOTAL YRS / ANS TOTAL																			
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES																					
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE																							
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS																			
<table border="0"> <tr> <td><input type="checkbox"/> LIFE</td> <td><input type="checkbox"/> ORDINARY</td> <td><input type="checkbox"/> ASSOCIATE</td> <td><input type="checkbox"/> AFFILIATE VOTING</td> <td><input type="checkbox"/> AFFILIATE NON-VOTING</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> CATEGORIE D'ADHESION</td> <td><input type="checkbox"/> ORDINAIRE</td> <td><input type="checkbox"/> ASSOCIE</td> <td><input type="checkbox"/> AFFILIE VOTANT</td> <td><input type="checkbox"/> AFFILIE NON-VOTANT</td> <td colspan="3"></td> </tr> </table>								<input type="checkbox"/> LIFE	<input type="checkbox"/> ORDINARY	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE VOTING	<input type="checkbox"/> AFFILIATE NON-VOTING				<input type="checkbox"/> CATEGORIE D'ADHESION	<input type="checkbox"/> ORDINAIRE	<input type="checkbox"/> ASSOCIE	<input type="checkbox"/> AFFILIE VOTANT	<input type="checkbox"/> AFFILIE NON-VOTANT			
<input type="checkbox"/> LIFE	<input type="checkbox"/> ORDINARY	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE VOTING	<input type="checkbox"/> AFFILIATE NON-VOTING																			
<input type="checkbox"/> CATEGORIE D'ADHESION	<input type="checkbox"/> ORDINAIRE	<input type="checkbox"/> ASSOCIE	<input type="checkbox"/> AFFILIE VOTANT	<input type="checkbox"/> AFFILIE NON-VOTANT																			
REASON FOR CHANGE / RAISON POUR CHANGEMENT																							
MILITARY SERVICE / SERVICE MILITAIRE				SERVICE NUMBER / NUMÉRO MATRICULE																			
<input type="checkbox"/> NAVY / MARINE	<input type="checkbox"/> ROYAL CANADIAN MOUNTED POLICE / GENDARMERIE ROYALE CANADIENNE	<input type="checkbox"/> GOLF / GOLFE	<input type="checkbox"/> NAVY / MARINE	<input type="checkbox"/> ARMY / ARMÉE	<input type="checkbox"/> AIR FORCE / AVIATION	<input type="checkbox"/> FE / FE	<input type="checkbox"/> RCMP / GRC																
<input type="checkbox"/> RESERVES / RESERVES	<input type="checkbox"/> OTHER / AUTRE	MAGAZINE / REVUE		<input type="checkbox"/> ENGLISH / ANGLAIS	<input type="checkbox"/> FRENCH / FRANÇAIS	<input type="checkbox"/> NONE / AUCUN	<input type="checkbox"/> DECEASED / DÉCÉDÉ																
YEAR OF BIRTH / ANNÉE NAISSANCE		GENDER / SEXE																					
BRANCH APPROVAL / APPROBATION DE FILIALE				PROVINCIAL COMMAND APPROVAL / APPROBATION DE DIRECTION PROVINCIALE																			
X <i>B Secretary</i>				X																			

FIGURE 12-1 — MEMBER DATA CHANGE FORM—PRIVACY STATEMENT

b. **Transfer:** (See Figure 12-2) please refer to “How to Process a Transfer”.

LEGION		Member Data Change Form Modifications des Données sur le Membre		THE ROYAL CANADIAN LEGION LA LÉGIION ROYALE CANADIENNE	
ATTACH REGISTRATION FORM OR REPLY MAIL CARD IF MAILING PAYMENT / ATTACHEZ UN FORMULAIRE D'ADHESION OU CARTE DE RENOUVELLEMENT SI VOUS FAITES UN RAYEMENT					
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE <small>Complete Section "A" (Form 1) in duplicate / Remplir la Section "A" deux fois (Form 1) en double</small>					
MEMBER / MEMBRE / IDÉ NO DU M. LAURE	COMMAND / COUCTION	BRANCH NUMBER / NUMÉRO DE BRANCHE	DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE
111111	13	013	28	08	2010
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
SMITH		JOHN			
MAILING ADDRESS / ADRESSE DE COURRIER					
123 MAIN ST.					
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
OTTAWA		ON	K2L 0A1	CAN	
EMAIL / COURRIEL					
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION					
<input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> JUNIORMAN / JUNIORMAN <input checked="" type="checkbox"/> ASSOCIATE <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT <input type="checkbox"/> MILITARIAN / MILITAIRE					
PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permissão to release information for RCL Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC					
<input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON					
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS					
COMMAND / DIRECTION	BRANCH NUMBER / NUMÉRO DE BRANCHE	YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINU	INCL. INC. / INCL. INC.	TOTAL YRS / ANS TOTAL	
15	015		20		
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
MAILING ADDRESS					
CITY / VILLE					
		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION					
<input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> JUNIORMAN / JUNIORMAN <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT					
REASON FOR CHANGE / RAISON POUR CHANGEMENT					
MILITARY SERVICE / SERVICE MILITAIRE			SERVISE MEMBER / NUMÉRO MATRICULE		
<input type="checkbox"/> WW I / 1914-18 <input type="checkbox"/> WW II / 1939-45 <input type="checkbox"/> KOREA / CORÉE <input type="checkbox"/> GOLF <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> AIRBORNE / AVIATION <input type="checkbox"/> CF / FC <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVES / RÉSERVES <input type="checkbox"/> OTHER / AUTRE					
MAGAZINE / REVUE					
<input type="checkbox"/> ENGLISH / ANGLAIS <input type="checkbox"/> FRENCH / FRANÇAIS <input type="checkbox"/> NONE / AUCUN <input type="checkbox"/> DECEASED / DÉCÉDÉ <input type="checkbox"/> YEAR OF BIRTH / ANNÉE NAISSANCE <input type="checkbox"/> GENDER / SEXE <input type="checkbox"/> M <input type="checkbox"/> F					
BRANCH APPROVAL / AUTORISATION DE BRANCHE			PROVINCIAL COMMAND APPROVAL / AUTORIZACION DE DIRECTION PROVINCIALE		
X <i>B Secretary</i>			X		
YELLOW: DOMINION COMMAND COPY / BLUE: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE					

FIGURE 12-2 — MEMBER DATA CHANGE FORM—TRANSFER

d. **Name Change:** (See Figure 12-4) When a change to a member's name is required, the old name should be shown in the Member Information Section and the new name should appear under the section titled "NEW INFORMATION". Member numbers can be easily confused for members with similar names; therefore, the reason for the name change is required and you must also complete the section "REASON FOR CHANGE", providing a reason for the name change. The operator can then more easily verify if the name and number are consistent. If a reason is not given and there appears to be no logical reason for the name change, the Member Data Change Form will be returned to the branch. Please ensure that you provide the full first name for the individual.

LEGION Member Data Change Form / Modifications des Données sur le Membre

A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE
(Complete Section "A" on all memberships) / Complétez Section "A" pour toutes Membreships

MEMBER NUMBER / NUMÉRO DU MEMBRE: 111111 | COMMAND / DIRECTION: 13 | BRANCH NUMBER / NUMÉRO DE FILIALE: 013 | DAY / JOUR: 30 | MONTH / MOIS: 08 | YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: SMITH | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JANE

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: 123 MAIN ST | CITY / VILLE: OTTAWA | PROVINCE: ON | POSTAL CODE / CODE POSTAL: K2L 0A1 | COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, ORDINARY / ORDINAIRE, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTANT, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT, MERITORIOUS LIFE / À VIE MÉRITANTE

B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS

COMMAND / DIRECTION: | BRANCH NUMBER / NUMÉRO DE FILIALE: | YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINU: INCL. INC. 20 | TOTAL YRS / ANS TOTAL: |

LAST NAME / NOM DE FAMILLE: BRADFORD | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JANE

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: | CITY / VILLE: | PROVINCE: | POSTAL CODE / CODE POSTAL: | COUNTRY / PAYS: |

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, ORDINARY / ORDINAIRE, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTANT, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT

REASON FOR CHANGE / RAISON POUR CHANGEMENT: MARRIAGE

MILITARY SERVICE / SERVICE MILITAIRE: | SERVICE NUMBER / NUMÉRO MATRICULE: |

MAGAZINE / REVUE: ENGLISH / ANGLAIS, FRENCH / FRANÇAIS, NONE / AUCUN, DECEASED / DÉCÉDÉ, YEAR OF BIRTH / ANNÉE-NAISSANCE: | GENDER / SEXE: M, F

BRANCH APPROVAL / AUTORISATION DE FILIALE: **X** B. Secretary | FEDERAL COMMAND APPROVAL / AUTORISATION DE DIRECTION NATIONALE: **X**

YELLOW: DOMINION COMMAND COPY / BLU: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE

FIGURE 12-4 — MEMBER DATA CHANGE FORM—NAME CHANGE

- e. **Legion Magazine:** (See Figure 12-5) Check the appropriate box to advise if the magazine is required and the language of choice or if the magazine is no longer required.

LEGION		Member Data Change Form Modifications des Données sur le Membre		 118 RUE AV. CANADIEN E. EDWIN 118 LE LÉGION 118 AV. CANADIEN	
ATTENTION: REGISTRATION FORM OR RENEWAL CARD IF MAKING PAYMENT / ATTENTION: UN FORMULAIRE DE RÉINSCRIPTION OU CARTE DE RENEUVELLEMENT SI VOUS FAITES UN PAIEMENT					
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE <small>(L'ancien Section "A" for all communications) (Ancien Section "A" pour toutes communications)</small>					
MEMBER NUMBER / NUMÉRO DU MEMBRE 111111	COMMAND / DIRECTION 13	BRANCH NUMBER / NUMÉRO DE FILIALE 013	DAY / JOUR 30	MONTH / MOIS 08	YEAR / ANNÉE 2010
LAST NAME / NOM DE FAMILLE SMITH		FIRST NAME & INITIALS / PRÉNOM ET INITIALES JOHN			
MAILING ADDRESS / ADRESSE DE COURRIER 123 MAIN ST.					
CITY / VILLE OTTAWA		PROVINCE ON	POSTAL CODE / CODE POSTAL K2L 0A1	COUNTRY / PAYS CAN	
EMAIL / COURRIEL					
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION <input type="checkbox"/> LIFE À VIE <input type="checkbox"/> SQUADRY QUINQUAINE <input checked="" type="checkbox"/> ASSOCIATE ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING AFFILIÉ NON-VOTANT <input type="checkbox"/> MEMBERSHIPS À VIE À VIE MÉRITAIRE					
PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE Permission to release information for RED Member Benefits Package Consentement de fournir de l'information pour le programme de bénéfices pour membres de la LRC: YES OUI NO NON					
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS					
COMMAND / DIRECTION		BRANCH NUMBER / NUMÉRO DE FILIALE	YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINUÉ	INCL. INC. 20	TOTAL YRS / ANS TOTAL
LAST NAME / NOM DE FAMILLE		FIRST NAME & INITIALS / PRÉNOM ET INITIALES			
MAILING ADDRESS / ADRESSE DE COURRIER					
CITY / VILLE		PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS	
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION <input type="checkbox"/> LIFE À VIE <input type="checkbox"/> SQUADRY QUINQUAINE <input type="checkbox"/> ASSOCIATE ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING AFFILIÉ NON-VOTANT					
REASON FOR CHANGE / RAISON POUR CHANGER					
SERVICE / SERVICE MILITAIRE <input type="checkbox"/> INFANTRY / INFANTRIE <input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> AIR FORCE / FORCE AÉRIENNE <input type="checkbox"/> RESERVE / RÉSERVE <input type="checkbox"/> OTHER / AUTRE					
MAGAZINE / REVUE <input checked="" type="checkbox"/> ENGLISH ANGLAIS <input type="checkbox"/> FRENCH / INSECT SUPPLÉMENT FRANÇAIS <input type="checkbox"/> NONE / AUCUNE <input type="checkbox"/> DECEASED / DÉCÉDÉ YEAR OF BIRTH / ANNÉE DE NAISSANCE GENDER / SEXE <input type="checkbox"/> M <input type="checkbox"/> F					
BRANCH APPROVAL / AUTORISATION DE FILIALE <i>B. Secretary</i>			PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE <i>X</i>		
YELLOW: DOWNSIDE ON COMMAND / COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE					

FIGURE 12-5 — MEMBER DATA CHANGE FORM—LEGION MAGAZINE

- f. **Deceased Member:** (See Figure 12-6) Dominion Command must be advised of the death of any member regardless of membership category. If the member has had military service and an announcement is to be published in the Legion Magazine, the branch should also submit a Last Post Death Notice to Legion Magazine.

LEGION		Member Data Change Form Modifications des Données sur le Membre		THE ROYAL CANADIAN LEGION L'ÉCHÉQUIER ROYAL CANADIEN	
ATTACH RE-REGISTRATION / FORM DE RENOUVELLE / CARD D'ADHESION / FORMULAIRE D'INSCRIPTION / CARD DE RENOUVELLEMENT / STAVOS ERETES / UN PASSEPORT					
A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE <small>Complete Section "A" for all transactions / Remplir Section "A" pour toutes transactions</small>					
MEMBER NUMBER / NUMÉRO DU MEMBRE	1111111	COMMAND / SECTION	13	BRANCH NUMBER / NUMÉRO DE FILIALE	013
LAST NAME / NOM DE FAMILLE	SMITH	FIRST NAME & INITIALS / PRÉNOM ET INITIALES	JOHN	SEX / SEXE	30
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE	123 MAIN ST.		OTTAWA	ON	K2L 0A1 CAN
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION	<input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input checked="" type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT <input type="checkbox"/> MEMBERSHIP LIFE / À VIE MÉRITANT				
CITIZENSHIP / CITOYENNETÉ	CAN				
B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS					
COMMAND / SECTION	BRANCH NUMBER / NUMÉRO DE FILIALE		YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINU	INCL. / INC.	TOTAL YRS / ANS TOTAL
LAST NAME / NOM DE FAMILLE	FIRST NAME & INITIALS / PRÉNOM ET INITIALES			20	
MAILING ADDRESS / ADRESSE DE CORRESPONDANCE					
CITY / VILLE	PROVINCE	POSTAL CODE / CODE POSTAL	COUNTRY / PAYS		
MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION	<input type="checkbox"/> LIFE / À VIE <input type="checkbox"/> ORDINARY / ORDINAIRE <input type="checkbox"/> ASSOCIATE / ASSOCIÉ <input type="checkbox"/> AFFILIATE VOTING / AFFILIÉ VOTANT <input type="checkbox"/> AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT				
REASON FOR CHANGE / RAISON POUR CHANGEMENT					
MILITARY SERVICE / SERVICE MILITAIRE			SERVICE NUMBER / NUMÉRO MILITAIRE		
<input type="checkbox"/> WW I / 1 ^{re} GM <input type="checkbox"/> WW II / 2 ^e GM <input type="checkbox"/> KOREA / CORÉE <input type="checkbox"/> GULF / GOLFE <input type="checkbox"/> SOUTH AFRICA / AFRIQUE DU SUD <input type="checkbox"/> BENCH INCIDENT / ÉVÉNEMENT DE BENCH <input type="checkbox"/> MONTY / MONTY <input type="checkbox"/> NONE / AUCUN	<input type="checkbox"/> NAVY / MARINE <input type="checkbox"/> ARMY / ARMÉE <input type="checkbox"/> AIR FORCE / AVIATION <input type="checkbox"/> CR / EC <input type="checkbox"/> RCMP / GRC <input type="checkbox"/> RESERVES / RÉSERVES <input type="checkbox"/> OTHER / AUTRE	<input type="checkbox"/> DECEASED / DÉCÉDÉ <input checked="" type="checkbox"/> DECEASED / DÉCÉDÉ YEAR OF BIRTH / ANNÉE DE NAISSANCE GENDER / SEXE			
BRANCH APPROVAL / APPROBATION DE LA FILIALE			PROVINCIAL COMMAND / APPROBATION DE LA DIRECTION NATIONALE		
X <i>B. Secretary</i>			Y		
YELLOW: DOMINION COMMAND COPY / BLEU: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE					

FIGURE 12-6 — MEMBER DATA CHANGE FORM—DECEASED MEMBER

- g. **Year of Birth & Gender:** (See Figure 12-7) Dominion Command maintains membership statistics based on age and gender. Although this information should be provided when a new member is submitted, this is not always done; therefore, Dominion Command / ANOÉNS RENSEIGNEMENTS may periodically ask branches to provide this information. It is recommended that whenever a Member Data Change Form or a Member Registration Form is being submitted to Dominion Command that this information be included.

LEGION Member Data Change Form / Modifications des Données sur le Membre

ATTACH TO REGISTRATION FORM OR RENEWAL CARD IF MAKING PAYMENT / INCLUDE ONE COMPLETED DESCRIPTION OF CARDS OR BENEFITS (IF ANY) IN YOUR PAYMENT

A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE

MEMBER NUMBER / NUMÉRO DU MEMBRE: 13111111 | COMMAND / COMÉ: 13 | BRANCH NUMBER / NUMÉRO DE FILIALE: 013 | DAY / JOUR: 30 | MONTH / MOIS: 08 | YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: SMITH | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JOHN

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: 123 MAIN ST. | CITY / VILLE: OTTAWA | PROVINCE: ON | POSTAL CODE / CODE POSTAL: K2L 0A1 | COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, ORDINARY / ORDINAIRE, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTANT, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT, MEMBERSHIP LIFE / À VIE MEMBRE

CITIZENSHIP / CITIZENNETÉ: CDN | **PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION D'INFORMATION PERSONNELLE**

B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS

COMMAND / DIRECTION: | BRANCH NUMBER / NUMÉRO DE FILIALE: | YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICES CONTINUS: 20 | TOTAL YRS / ANS TOTALS: |

LAST NAME / NOM DE FAMILLE: | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: |

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: | CITY / VILLE: | PROVINCE: | POSTAL CODE / CODE POSTAL: | COUNTRY / PAYS: |

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, ORDINARY / ORDINAIRE, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTANT, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT

REASON FOR CHANGE / RAISON POUR CHANGEMENT: |

MILITARY SERVICE / SERVICE MILITAIRE: NAVY / MARINE, ROYAL COAST GUARD / GARDIE ROYALE DES CÔTES, GOLF, NAVY / MARINE, ARMY / ARMÉE, AIR FORCE / AVIATION, R.C. / F.C., RCMP / GRC, RESERVE / RÉSERVES, OTHER / AUTRE

MARRIAGE / MARIAGE: ENGLISH / ANGLAIS, FRENCH / FRANÇAIS, NONE / AUCUN

BRANCH AFFILIATE / AUTORELÉVÉ DE FILIALE: B. Secretary | YEAR OF BIRTH / ANNÉE-NAISSANCE: 1961 | GENDER / SEXE: M / F

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YELLOW: DOMINION COMMAND COPY / BLDE: BRANCH COPY / JAUNE: COPIE DE DIRECTION NATIONALE / BLDE: COPIE DE BRANCHE

FIGURE 12-7 — MEMBER DATA CHANGE FORM—YEAR OF BIRTH AND GENDER

h. Years of Continuous Service: (See Figure 12-8) Dominion Command does not maintain individual member files and did not always maintain years of continuous service on their records. Prior to 1987 branches were requested to submit this information; however, not all branches did. Therefore, some records may be inaccurate. If this information is incorrect in our records the branch must advise us accordingly. Branches must ensure that if a change to years of service is submitted that their branch records indicate that the member has had continuous service without interruption. We do know that any per capita tax payments processed since 1987 have been recorded correctly to the member's records.

LEGIION Member Data Change Form / Modifications des Données sur le Membre

A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE

MEMBER NUMBER / NUMÉRO DU MEMBRE: 111111 | COMMAND / DIRECTION: 13 | BRANCH NUMBER / NUMÉRO DE FILIALE: 013 | DOP / JOUR: 30 | MONTH / MOIS: 08 | YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: SMITH | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JOHN

MAILING ADDRESS / ADRESSE DE COURRIER: 123 MAIN ST. | CITY / VILLE: OTTAWA | PROVINCE: ON | POSTAL CODE / CODE POSTAL: K2L 0A1 | COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, OVERSEAS / ÉTRANGER, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTABLE, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT, MEMORIOUS LIFE / À VIE MÉRITE

CDN | PRIVACY STATEMENT / DÉCLARATION SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS: YES / OUI, NO / NON

B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS

COMMAND / DIRECTION: | BRANCH NUMBER / NUMÉRO DE FILIALE: | YEARS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINUES: ENCL. 2010 | TOTAL YRS / ANS TOTAL: 15

LAST NAME / NOM DE FAMILLE: | FIRST NAME & INITIALS / PRÉNOM ET INITIALES:

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, OVERSEAS / ÉTRANGER, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTABLE, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT

REASON FOR CHANGE / RAISON POUR CHANGEMENT: | MILITARY SERVICE / SERVICE MILITAIRE: | SERVICE NUMBER / NUMÉRO MATRICULE: | MAGAZINE / REVUE: ENGLISH / ANGLAIS, FRENCH / FRANÇAIS, NONE / AUCUN, DECEASED / DÉCÉDÉ, YEAR OF BIRTH / ANNÉE-NAISSANCE: | GENDER / SEXE: M, F

X B. Secretary | **X**

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FIGURE 12-8 — MEMBER DATA CHANGE FORM—YEARS OF CONTINUOUS SERVICE

- i. **Military Service:** (See Figure 12-9) Military service information is used by Dominion Command for statistical purposes and applied only to members who have served in the military, (ie Ordinary members and Life members who were formerly Ordinary members). Under the military service section indicate the member's service number and the theatre of war and type of service by marking the appropriate box.

LEGION Member Data Change Form / Modifications des Données sur le Membre **THE ROYAL CANADIAN LEGION / LA LÉGIION ROYALE CANADIENNE**

A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE

MEMBER # / NUMÉRO DU MEMBRE: 111111 | COMMAND / DIRECTION: 13 | BRANCH NUMBER / NUMÉRO DE FILIALE: 013 | DAY / JOUR: 30 | MONTH / MOIS: 08 | YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: SMITH | FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JOHN

MAILING ADDRESS / ADRESSE DE CORRESPONDANCE: 123 MAIN ST

CITY / VILLE: OTTAWA | PROVINCE: ON | POSTAL CODE / CODE POSTAL: K2L 0A1 | COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHÉSION: LIFE / À VIE, ORDINARY / ORDINAIRE, ASSOCIATE / ASSOCIÉ, AFFILIATE VOTING / AFFILIÉ VOTANT, AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT, MEMBERSHIP LIFE / À VIE MÉRITÉ

B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS

BRANCH NUMBER / NUMÉRO DE FILIALE: [blank] | YRS OF CONTINUOUS SERVICE / ANNÉES DE SERVICE CONTINU: INCL INC: 20 | TOTAL YRS / ANS TOTAL: [blank]

MILITARY SERVICE / SERVICE MILITAIRE

SERVICE NUMBER / NUMÉRO MATRICULE: [blank]

KOREA / CORÉE, GULF / GOLFE, NAVY / MARINE, ARMY / ARMÉE, AIR FORCE / AVIATION, RCMP / GRC, RESERVES / RÉSERVES, OTHER / AUTRE

PROVINCIAL COMMAND APPROVAL / AUTORISATION DE DIRECTION PROVINCIALE: X

Signature: B. Secretary

FIGURE 12-9 — MEMBER DATA CHANGE FORM—MILITARY SERVICE

- j. **Change of Address:** (See Figure 12-10) It is important that Dominion Command has the correct mailing address for all members. Enter the member's previous address under Part "A" (PREVIOUS MEMBER INFORMATION) and the member's new address in Part "B" (NEW INFORMATION). The address provided must be the mailing address which is not always the same as the civic address. If a member has a street address but has mail delivered to a PO Box #, then it is the PO Box # that we require. If the member lives on a rural route and also has a street address, we need both the RR# and the street address. It is the mailing address that we require and you must always include the postal code.

Note: Labels for the magazine are produced 6-8 weeks in advance of the delivery date of each issue; therefore, address changes may not become effective immediately.

LEGIION Member Data Change Form
Modifications des Données sur le Membre

ATTACH REGISTRATION CARD OF RENEWAL CARD OF MAILING PREVIOUSLY / INCLURE UN FORMULAIRE D'INSCRIPTION OU CARTES DE RENOUVELLEMENT SI VOUS PRÉFÉREZ UN PAYSMENT

A PREVIOUS MEMBER INFORMATION / ANCIENS RENSEIGNEMENTS DU MEMBRE
(Complete Section "A" For all Members) (Remplir Section "A" pour tous les membres)

BRANCH NUMBER / NUMÉRO DU MEMBRE: 13333333
 COMMAND / DIRECTION: 13
 BRANCH NUMBER / NUMÉRO DE FILIALE: 013
 DAY / JOUR: 30
 MONTH / MOIS: 08
 YEAR / ANNÉE: 2010

LAST NAME / NOM DE FAMILLE: SMITH
 FIRST NAME & INITIALS / PRÉNOM ET INITIALES: JOHN

MAILING ADDRESS / ADRESSE DE COURRIER: 123 MAIN ST
 CITY / VILLE: OTTAWA
 PROVINCE: ON
 POSTAL CODE / CODE POSTAL: K2L 0A1
 COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION: LIFE / À VIE ORDINARY / ORDINAIRE ASSOCIATE / ASSOCIÉ AFFILIATE VOTING / AFFILIÉ VOTANT AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT HONORARIUS LIFE / À VIE HONORAIRE

B NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS
(Enter or re-enter information for RCL Member Benefits Package) (Entrer ou ré-entrer l'information pour le programme de bénéfices pour membres de la LR)

COMMAND / DIRECTION: [blank]
 BRANCH NUMBER / NUMÉRO DE FILIALE: [blank]
 YES OF CONTINUOUS SERVICE / OUI DE SERVICE CONTINU: 20
 ENCL. INC. 20
 TOTAL PYS / AVG TOTAL: [blank]

LAST NAME / NOM DE FAMILLE: [blank]
 FIRST NAME & INITIALS / PRÉNOM ET INITIALES: [blank]

MAILING ADDRESS / ADRESSE DE COURRIER: 359 KIRKLAND AVE
 CITY / VILLE: OTTAWA
 PROVINCE: ON
 POSTAL CODE / CODE POSTAL: K2P 0R6
 COUNTRY / PAYS: CAN

MEMBERSHIP CATEGORY / CATÉGORIE D'ADHESION: LIFE / À VIE ORDINARY / ORDINAIRE ASSOCIATE / ASSOCIÉ AFFILIATE VOTING / AFFILIÉ VOTANT AFFILIATE NON-VOTING / AFFILIÉ NON-VOTANT

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BRANCH APPROVAL / AUTORISATION DE FILIALE: B Secretary
 NATIONAL COMMAND APPROVAL / AUTORISATION DE LA DIRECTION NATIONALE:

YELLOW: DOMINION COMMAND COPY / BLEU: BRANCH COPY / ROUGE: COPIE DE DIRECTION NATIONALE / BLEU: COPIE DE FILIALE

FIGURE 12-10 — MEMBER DATA CHANGE FORM—CHANGE OF ADDRESS

CHAPTER 13

REPORTS

BRANCH TRANSMITTAL REPORT

1301. DESCRIPTION

- a. Each per capita tax submission processed at Dominion Command is assigned a Transmittal Number. This number is indicated on the header (top) of the Branch Transmittal Report which is sent to the branch for each per capita tax submission processed. The report is a summary of the items processed and shows the details of the cheque the branch sent with the submission and any debits or credits that may have resulted. The body of the report lists the member numbers and names and other details of the items processed.

1302. PROCESS

- a. Header—The top section shows the date the submission was processed, the Command and Branch numbers and the transmittal number assigned by Dominion Command. It also shows your cheque number and amount, the amount of the items processed and any suspense amount (shortage or overage). Check the “Suspense” amount which will be zero if the transmittal balanced. If this is other than zero, it means that the payment did not correspond with the items processed and you should refer to the Transmittal Summary. A Per Capita Tax Suspense Statement showing the balance in the suspense account, will be attached to any “out of balance” Transmittal Report.
- b. Body—The main section of the Transmittal Report lists all items processed. Check this section carefully to ensure that all the items submitted were processed. The member numbers and names are listed as well as the year processed. The type of transaction is indicated with an “R” for renewals, “S” for reinstatements and “N” for new registrations. The membership year being paid is also shown with an “F”, “H” or “T”, which indicates whether the payment was processed at the full year (“F”), half year (“H”) or 1/3 year (“T”) per capita tax rate. The membership category is indicated under “Mbr Type” and the code under the “Card Code” column indicates if a Membership Card is included or the reason why one is not, as detailed in the “Card Summary” section.

c. Card Summary—This section summarizes the number of items processed, the reason and number of Membership Cards not issued and the number of Membership Cards issued with the Transmittal Report.

d. Check the cards and report carefully and advise Dominion Command of any discrepancies immediately. File the report in your branch records for future reference.

Member #	Name	YEAR	F/H/T	MEMBER TYPE	CARD CODE
10112010	CLEMENTS, STEPHEN P	2011	R F	AN	1
7335298	EASY, MAURINE	2009	R F	AV	4
7335298	EASY, MAURINE	2010	R F	AV	5
7335298	EASY, MAURINE	2011	R F	AV	5
4606801	EVANS, W D	2011	R F	OR	1
4635259	GIEGERICH, MICHAEL E	2011	R F	OR	1
7530166	GOODMAN, ARTHUR E	2011	R F	AS	1
4534431	GREGG, PAT G	2011	R F	AS	1
6702454	HOPKINS, ROY M	2011	R F	OR	1
7897269	HORN, DARCEY C	2010	R F	AV	5
7902320	HORN, MARGARET A	2010	R F	AV	5
4534397	INSCHO, DOROTHY	2011	R F	AS	3
10083168	IVES, EMILY E	2010	R F	AS	1
10083168	IVES, EMILY E	2011	R F	AS	5
10058419	JAWANDA, BALDEV SINGH	2010	R F	AS	1
6742165	MILLS, CAROL E	2010	R F	AS	1
4861035	PUMPHREY, WES E	2011	R F	OR	1
7820040	WINTER, MARY D	2011	R F	AS	1
TOTAL NUMBER OF TRANSACTIONS PROCESSED					18
F = FULL YEAR H = HALF T = ONE THIRD YEAR					
CARD CODE	CARD CODE SUMMARY REMARKS	# OF TRANS			
1 =	MEMBERSHIP CARD PREVIOUSLY ISSUED WITH RENEWAL CARD	11			
2 =	PREPAID - CARD TO BE ISSUED SEPTEMBER PRIOR TO YEAR PAID	0			
3 =	ALREADY PAID - CARD PREVIOUSLY ISSUED ACCOUNT CREDITED	1			
4 =	NO CARD ISSUED FOR THIS TRANSACTION TRANSACTION	1			
5 =	NEW CARD	5			
6 =	DUPLICATE CARD	0			
7 =	CARD AUTOMATICALLY REPLACED	0			
8 =	REFUND ISSUED AND SUSPENSE CREDITED	0			
					18
Cards Issued : 5					

Note: Per capita tax is not processed unless a Member Registration Form or Renewal Card is included with the submission. Membership Cards for the previous year are not issued after January 31st.

TRANSMITTAL SUMMARY / SUSPENSE STATEMENT

1303. DESCRIPTION

- a. If a transmittal is out of balance, the computer printed Branch Transmittal Report will show a (-)debit or credit amount in the suspense area. The out-of-balance amount goes into your branch suspense account and a Transmittal Summary will be forwarded with the Branch Transmittal Report. The summary lists any out-of-balance amount on the specific transmittal and identifies items which may have caused the debit or credit amount. A Suspense Statement is attached to the Transmittal Summary indicating the current balance in the suspense account.

1304. PROCESS

- a. Header—The top section shows the transmittal number assigned by Dominion Command, the date the submission was processed and the branch number. It also shows the suspense amount created on this particular transmittal. **If the Suspense Amount has a (-) before the total this indicates a debit (shortage). If the Suspense Total does not indicate (-) before the total – then this indicates a credit (overage).**
- b. Body—The main section of the Transmittal Summary identifies the reason for the suspense amount. There could be one or more reasons why the submission did not balance. For example:
 - i. Returned items - If items could not be processed and were returned to the branch, it will indicate the number of items and the rate of per capita tax paid. Any returned items will be included with a letter giving details why the items were returned.
 - ii. Number of members paid for - If the number of items processed is different from the number of items paid for, the transmittal will be out of balance. Check the Branch Transmittal Report carefully to ensure that all the members

you intended to pay for are listed. A missing name would indicate that we did not receive the transaction with your submission and you would end up with a credit. Conversely, if you included more items in the submission than you paid for you would end up with a debit.

BC15056		BRANCH TRANSMITTAL REPORT THE ROYAL CANADIAN LEGION				March 04, 2011				
CARIBOO		TRANSMITTAL SUMMARY								
Transmittal:	BC15056	Members Processed:	18	Cheque Amount	529.31					
Branch:	01-094	Members Paid For:	20	Transmittal Amt	449.84					
Date:	05-October-2010	Members +/- :	2	Suspense Amount	79.47					
Breakdown of Members Processed					Detailed Explanation of Transactions Submitted					
Year	Processed	Type	Rate	Extended	Paid For	Returned	Return Amt	Amt Paid	Suspense	
2009	1	Full	26.00	26.00	1	0	0.00	26.00	0.00	
2010	6	Full	26.49	158.94	6	0	0.00	158.94	0.00	
2011	11	Full	26.49	291.39	13	2	52.98	344.37	79.47	
								1 ALREADY PROCESSED		
								Subtotal	79.47	
								Adjustments	0.00	
								Suspense Total	79.47	
								(-) Debit		
SUSPENSE STATEMENT										
								Balance as of: 01-October-2010	\$48.41	
				BC15056			06-Oct-2010		79.47	
								Subtotal	79.47	
								Suspense Total	127.88	
								(-) Debit / (+) Credit		

- iii. Applied to Suspense Account - If you included a debit note or credit note from a previous transaction, it would create an out of balance situation on the current submission. The debit or credit amount will be applied to the suspense account and will appear in the "adjustments" area.
- iv. Adjustments - This section identifies other reasons why the submission may be out of balance.

- v. Suspense Total—this identifies the amount owing to Dominion Command (-) Debit or the Credit due to the branch on this particular transmittal.
- vi. Check the Suspense Statement—You should refer to the Suspense Statement that is attached to any “out of balance” Transmittal Report for the current balance of the account. The Statement lists the balance at the beginning of the current month and details of any suspense amounts incurred during the month. Payment for any amount owing (debit) should be forwarded by a separate cheque, or if you will be sending in another submission shortly you may include this amount. If you have a credit, you may apply it to your next submission.

Note: Each Transmittal Summary pertains only to the transmittal report in question. Please refer to the Suspense Statement for the balance in your suspense account.

TRANSFER/REINSTATEMENT REPORTS

1305. DESCRIPTION

- a. Transfer/Reinstatement Reports are produced at the end of each month and sent to all branches who have had members transferring in or out that month, including members who have reinstated in a new branch. The date on the top of the page indicates when the report was produced and any transfers processed after that date will be included on the next report. Members are listed by member number and name and shows the other branch number and address. As indicated on the report, branches with members transferring out, must forward their files to the new branches immediately.

1306. PROCESS

- a. Header—The top section indicates if the report is for members transferred to or from the branch, the branch name and the date.
- b. Body—The main section of the report lists all members who have transferred in or out of the branch. Check the name and

member numbers carefully to ensure that all members listed are correct.

- c. For members transferring out of your branch, forward the members' files, including Master Cards, to the new branch at the address provided. It is very important that this be done promptly.

BRANCH MEMBERSHIP REGISTER

1307. DESCRIPTION

- a. The Branch Membership Register indicates how Dominion Command records stand for your members. Listed will be all members whose per capita tax has been paid for the current year and all members paid for the previous year, but whose per capita tax has not been received for the current year. These members are not in good standing and will not receive the Legion Magazine. The date on the top of the pages indicate the date the register was produced. Any transactions received after this date would not be reflected. Members are listed in alphabetical order, with each category listed separately in the following sequence: Life, Ordinary, Associate, Affiliate Voting, Affiliate Non-Voting and Meritorious Life. The Branch Membership Register is for information only and cannot be used for statistical purposes. It has no bearing on the final year-end statistics. Statistical information should be obtained from your Zone, District or Provincial Command. ***A Branch Membership Register is sent to each branch in February and July of each year.*** Additional requests for a Branch Membership Register will result in a processing charge.

1308. PROCESS

- a. Member Number and Name—Check each membership category to ensure all members are listed correctly. Deceased members are not included on the register so if the name of a deceased member is shown you must notify Dominion Command immediately.
- b. Address—Dominion Command must have a complete and accurate mailing address for every member in order to send out the Legion Magazine. If an address is incorrect or the member

has moved, the magazine will be returned by Canada Post, or if an incomplete address has been submitted the magazine cannot be mailed. Suspension of the magazine is indicated by a "P" or an "I" in the mail status (MS) column and an "M" and date of suspension in the street address column. The magazine will be suspended until new or correct addresses are received. Check members' addresses carefully and submit new addresses immediately by completing a Member Data Change Form.

- c. Language Code—An "F" in the language code (LC) column indicates the member wishes to receive the French insert in the Legion Magazine.
- d. Mail Status—This column will advise you as to the status regarding the delivery of the Legion Magazine. The following codes can be found in the mail status column. Note: Codes N, P, I or C in this column indicates that delivery of the magazine has been suspended. See below for detailed explanation.
 - i. **A** – this code indicates that the member will receive the magazine as long as PCT for the current year is paid.
 - ii. **N** – this code will suspend delivery of the magazine. It indicates that the member does not wish to receive the Legion Magazine. This is usually because there are two members in the household. If this situation changes and the member wishes to receive the magazine you must notify Dominion Command by completing a Member Data Change Form.
 - iii. **P** - this code will suspend delivery of the magazine. This indicates that the magazine was returned to our office by Canada Post as undeliverable. A new address is required to reinstate delivery; therefore, complete a Member Data Change Form and forward to Dominion Command.
 - iv. **I** - this code will suspend delivery of the magazine. This indicates that the address is missing a key piece of information such as an apartment number. As delivery of the magazine cannot be completed without the information please verify that all elements of the address have been provided by completing a Member Data Change Form and forwarding to Dominion Command.

- v. **C** - this code will suspend delivery of the magazine. This code would indicate that the magazine was previously suspended for non-payment of dues. This code is also used if a former member indicates that he does not wish to receive any further correspondence (such as a renewal notice) from Dominion Command. Please notify us immediately if this code appears in the column and member has paid for the current year.
- e. **Years of Continuous Service**—The years of service (YR SV) column indicates the total years of continuous service the member has as of the last year paid. Dominion Command does not maintain individual records; therefore, we cannot confirm years of service prior to 1987. This information should be obtained from branch records.
- f. **Last Year Paid**—Check the year paid (Years Paid) column which indicates the last five years payment history for each member. Check that the per capita tax has been submitted for all members who have paid dues to the branch for the current year. If Dominion Command has not received the per capita tax, the last year paid will be the previous year. Payment must be submitted immediately for all members who have paid dues to the branch, but whose per capita tax has not been submitted to Dominion Command.
- g. **Cancel Date**—This indicates the date the magazine was returned to our office by Canada Post as undeliverable. See Mail Status (MS) column. This should have a “P” or “I” indicating the magazine was canceled pending receipt of a new address.
- h. **Category Totals**—the totals indicate the number of members paid for the current year and the number of members paid for the previous year.
- i. **February Branch Membership Register**—This lists all members whose per capita tax for the current year was received by February 6th. It also lists those members whose per capita tax was not received by February 6th; these members are no longer in good standing and will not receive the Legion Magazine. The name of a member appears in the branch register that is deceased, then he has not been recorded as deceased in the membership database at Dominion Command and you should

notify our office immediately. This applies to all categories of membership.

Note: Check the February Branch Membership Register carefully. If the information indicates that per capita tax or a notification of death has not be submitted, you must do so immediately.

- j. July Branch Membership Register—Two-part Renewal/Membership Cards for the following year are only produced for members whose per capita tax has been paid for the current year. Production of the two-part cards begins in July; therefore, any per capita tax payment received for the current year after June will mean that you will not receive a two-part card for these members. You must, therefore, submit the following year’s payment on a Member Registration Form.

Note: Check the July Branch Membership Register carefully to determine who you have and have not received two-part Renewal/Membership Cards for.

Note: Deceased members are not shown on the Branch Membership Register; therefore, if you know someone is deceased and the name is listed you must notify Dominion Command immediately.

BRANCH NON-RENEWAL LIST

1309. DESCRIPTION

- a. Non-Renewal Lists are produced on a request basis only. The report indicates all members who have not renewed their membership for the current year. It also indicates members who are in arrears for the previous year. Branches are encouraged to contact these members and remind them to bring their membership dues up to date. Production of these lists will result in a processing charge.

1310. PROCESS

- a. If there are any members listed for whom you have received branch dues for the current year, you must submit the per capita tax to Dominion Command immediately. Please see section "Important Dates" to ensure that you do not miss a deadline date. Remember, these members no longer receive the Legion Magazine. Please see Section 1403 for important dates.
- b. If there are any deceased members listed, you must forward a Member Data Change Form to Dominion Command immediately so we can update our records. Please see section "Important Dates" to ensure that you do not miss a deadline date.
- c. Check for any "M" and date codes in the Street Address column and the Cancel Date column. The branch must follow-up with these members regarding their renewal. A change of address should be forwarded to Dominion Command.
- d. The members listed can still pay the current and immediate preceding two (2) years and retain their years of continuous service. The information is provided so that branches can contact the members in an effort to retain their membership.

CHAPTER 14

SUMMARY

IMPORTANT POINTS TO REMEMBER

1401. When making inquiries to Dominion Command regarding any transmittal or per capita tax submission always include: member name and number, date of the submission, amount and number of the cheque and transmittal number, if already processed.

1402. Always indicate your Command and branch number on all processing forms and correspondence, as well as members' names and membership numbers.

1403. Important Dates:

September 1 to November 30—Early Bird Campaign.

November 1—Submission for pre-paid NEW members.

December 15—Deadline for Early Bird submissions to reach Dominion Command. If received after this date, submissions will not to be included in campaign figures.

December 31—Membership Renewals - Membership year runs to December 31st. Members should renew before this date.

January 31—Deadline for members to renew for the current year and remain in good standing.

February 6—Deadline for renewal submissions, for the current year, to reach Dominion Command in order to avoid suspension of the Legion Magazine.

March 31—Deadline for per capita tax to reach Dominion Command to avoid member being included on Non-Renewal Lists.

June 30—Deadline for per capita tax to reach Dominion Command in order to receive a Two-Part Renewal/Membership Card for the following year.

**Remember, Transactions Must Reach
Dominion Command By The Above Dates**

LEGION MAGAZINE PRODUCTION SCHEDULE

1404. Labels for Legion Magazine are produced two months in advance of the issue date; therefore, new and reinstating members and members renewing after their subscription has been cancelled, may not receive the next immediate issue. To assist you in determining the next issue a member will receive, the following list is the estimated label production dates and the applicable issue:

<u>Date</u>	<u>Issue</u>
February 6	March/April
April 6	May/June
June 3	July/August
August 5	September/October
October 4	November/December
December 2	January/February

Note: While every effort has been made to detail fully all procedures to be used in every case by the branch, a problem or situation might arise which has not been covered in this GUIDE. If this happens, check with Dominion Command for the proper procedure.

ANNEX A

PROVINCIAL COMMAND CODES

A space is provided on the Membership Processing Forms indicating “Provincial Command Code”. These are two-digit numerical codes which must be used on all forms to designate the Provincial Command in conjunction with the branch number.

They are as follows:

- 01 — BC/Yukon**
- 02 — Alberta/Northwest Territories**
- 03 — Saskatchewan**
- 04 — Manitoba/Northwestern Ontario**
- 05 — Ontario**
- 06 — Quebec**
- 07 — New Brunswick**
- 08 — Nova Scotia/Nunavut**
- 09 — Prince Edward Island**
- 10 — Newfoundland/Labrador**
- 13 — Dominion Ottawa Branch**
- 15 — Military Member at Large Branch**
- 16 — Retired Military Member at Large Branch**
- 17 — Eastern US Zone**
- 18 — Western US Zone**
- 19 — Europe Zone**

ANNEX B

PROVINCIAL COMMAND INSTRUCTIONS

1. **Life Application Forms**

- a. Provincial Command Approval is required.
- b. Dominion Command approval is required for US and Europe Zones.

NOTE: All applications for Life must be submitted to Provincial Command for approval before submitting to Dominion Command for processing. Applications must be accompanied by a Member Registration Form and Member Data Change Form. Provincial Command approval must be shown on processing forms forwarded to Dominion Command. If approval is not shown on the documentation, the transaction cannot be processed and will be returned to the branch.

2. **New Member Application Forms**

Applies to Saskatchewan Command only—a photocopy of all new member application forms should be forwarded to Saskatchewan Provincial Command.