

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

## Membership Type

☐ **Affiliate Non-Voting:** I am a non-Canadian citizen or a non-Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.

☐ I would like the French insert. ☐ I do not wish to receive my copies of LEGION Magazine.

## Membership Declaration and Initiation

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

**legion.ca**

## TO BE COMPLETED BY THE LEGION BRANCH

Command: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### Service Information

Person who served: ☐ Self or (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_ who is/was  
an Ordinary Member of Command/Branch: \_\_\_\_\_ Membership #: \_\_\_\_\_

### Documentation

☐ Service Record ☐ Discharge Certificate ☐ Marriage Certificate ☐ Birth Certificate ☐ Adoption Certificate

☐ Other: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Theatres of Service: \_\_\_\_\_ Medals/Decorations: \_\_\_\_\_

### Next of Kin

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

### Administration

Certified that section 221 of the General By-Laws has been applied and that satisfactory proof of service and relationship has been submitted where applicable.

Branch Membership Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Date Passed at General Meeting: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

☐ Membership Dues Paid: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Membership Registration Form and Per Capita Tax Submitted to Dominion Command Date: \_\_\_\_\_

### Record of Legion Service

Date of Original Admission to Legion: \_\_\_\_\_ Membership #: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

Branch Joined					
Command & Branch #		Location	Date Joined		Date Left

Office Held			Honours and Awards Held		
Command & Branch #	Office	Date	Command & Branch #	Award	Date