Application For Membership



Applicant Name: O Mr O Mrs O Ms									
Addross	Surname		ven names						
Homo Tol.	treet / PO Box / RR # / Site # Other 1	City	Prov	Postal Code					
Date of Birth:			E-IIIaII.	M O F O					
	dd/mm/yyyy member of the Legion? No O		#	MO FO					
	-	res il yes, Membership	#						
Membership	Туре								
Ordinary	– Indicate Type of Service								
Type of Service:	O Reserve "C Class" O Warti O NATO O RCMF O Coast Guard NORA O Cadet Instructor Cadre (CIC)	R.N.F. Constabulary O US Force	His Majesty's Reg. ForceWartime Allied ForceVietnam	Underground Force					
 Associate 									
Relationship:	O I am the spouse, widow/er, parent, child, grandchild, sibling, niece/nephew of a person who is/was elig for Ordinary membership. Indicate relationship:								
	O I am the child, spouse, sibling of an Associate member of Command/Branch #:								
OR Type of Service	e Cadets or Cadet Civilian Ins Federal or Provincial Emerg	ructor	Navy League of CanadaPolish Armed Forces						
	am a Canadian citizen or Comm	onwealth subject from an A	Allied nation and support the	aims and objects of					
	n Legion. I g: I am a non-Canadian citizen al Canadian Legion.	or a non-Commonwealth s	ubject from an Allied nation a	and support the aims and					
•	ide a one-year subscription rate								
○ I would like the French insert. ○ I do not wish to receive my copies of LEGION Magazine.									
Membership	Declaration and	Initiation							
	ion's mission is to serve veteral		ilitary and RCMP members an	d their families,					
I support the mission st I have read and agree to I hereby solemnly declar purposes of the Legi	ce and to serve our communitie tatement of the Royal Canadian o support the purposes and ob are that I am not a member, no on, and I do not, and will not, so vocates, encourages or particip	Legion jects of the Royal Canadian or affiliated with, any group, support any organization ac	party or sect whose interests lyocating the overthrow of ou	s conflict with the avowed					
I hereby certify that I hav I hereby certify that I hav I hereby certify that I have	vocales, encodiages of participate we never been expelled, or had no we never been convicted of any ave never been dishonourably the annual Poppy Campaign	ny membership revoked, from serious criminal offence invo	n any Legion Branch or any of olving either violence or sexua	al misconduct of any type					
	constitution, rules and by-laws	of the Royal Canadian Legic	on.						
	confirm you agree with the abo	e declaration and requireme	ents.						
processing my members national, provincial and b By completing, signing a	onsent sonal information collected on thi hip application and communicati oranch levels for administration pu nd submitting this form, I am givi tand that I may withdraw my con	ng with me about my membe rposes and for the other purp ng my consent for the Legion	ership, and may be used interna coses provided in its Privacy Stat to collect, use or disclose my p	ally by the Legion at the tement at legion.ca/legal. Dersonal information for					
Applicant Signature:			Date:						

Congratulations you are now an initiated member of the Royal Canadian Legion subject to Branch policy. Further welcoming ceremony processes are at the discretion of your local Branch.

TO BE COMPLETED BY THE LEGION BRANCH

Command:	nand: Branch Name:			Branch #:				
Branch Address:								
Service Information			Relationship: who is/was					
			Membership #:					
Documentation ○ Service Record ○ Disch	_	_		Adoption	Certificate	uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu		
Other:			Type of Discharge:					
Theatres of Service:								
Next of Kin Name:		Re	— elationship:		Tel:			
Certified that section 221 of submitted where applicable Branch Membership Comm	e. nittee:				Date:			
Date Passed at General Med								
		Date:						
Record of Legion Sel Date of Original Admission		N	Membership #:	Da	ate of Initiation:			
		Bra	anch Joined					
Command & Branch #	Loca	ation	Date Joined	d	Date	e Left		
Office Held			Honours and Awards Held					
Command & Branch #	Office Date		Command & Branch #		Award Date			

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