Veteran Welcome Program



For still serving or retired CAF or RCMP members who have not yet joined the Legion

One year FREE members	ship	Command:Dominior	D Branch No:16-015	
Applicant Information				
Name: O Mr O Mrs O Ms				
Address:Street / PO Box / RR # / Site # E-mail:		Prov Tel:	Postal Code	
Date of Birth:			MO FC	
Service Information				
Service #: Date of Er	Date of Enlistment:		Date of Release (if applicable):	
Type of Service: ONavy OArmy OAir Force	e O Regular Force O R	eserve (must have served n	ot less than one year) ORCMP	
Have you ever been a member of the Legion C	No ○ Yes			
Statement of Fact				
"I am serving with or have served with the Cana	dian Armed Forces or Ro	yal Canadian Mounted Polic	e and I reafirm loyalty to the	
Sovereign and Canada. I will support the purpos	es and Objects of The Ro	yal Canadian Legion and wi	ill abide by its General By-Laws."	
Signature:		Date:		
Personal Information Consent I understand that the personal information collected processing my membership application and communational, provincial and branch levels for administragal. By completing, signing and submitting this for for these purposes. I understand that I may withdrage	nunicating with me about ration purposes and for the m, I am giving my consent	ny membership, and may be other purposes provided in i for the Legion to collect, use	e used internally by the Legion at the its Privacy Statement at legion.ca/le- e or disclose my personal information	
Applicant Signature:				
·	pleted registration s Membership S The Royal Canadi S Aird Place, Ottawa 1-855-330-3	Section an Legion a, ON, K2L OA1		
	membership@l	egion.ca		
For Branch Use				
Application Approved By:		Date·		