

Veteran Family Welcome Program



For spouses and children of serving or retired CAF or RCMP Veterans who have not yet joined the Legion

FREE ONE YEAR MEMBERSHIP to welcome family members of Veterans to the Legion

Command: Dominion Branch No: 16-016

Applicant Information

Name: Mr Mrs Ms _____
Surname Given names

Address: _____
Street / PO Box / RR # / Site # City Prov Postal Code

E-mail: _____ Tel: _____

Date of Birth: _____ dd/mm/yyyy Citizenship: _____ M F

Service Information of Family Veteran Member

Service #: _____ Date of Enlistment: _____ Date of Release (if applicable): _____

Type of Service: Navy Army Air Force Regular Force Reserve (must have served not less than one year) RCMP

Have you ever been a member of the Legion No Yes

Statement of Fact

"I am the spouse or child (over the age of 18) of someone who has served with the Canadian Armed Forces or Royal Canadian Mounted Police and I affirm loyalty to the Sovereign and Canada. I will support the purposes and Objects of The Royal Canadian Legion and will abide by its General By-Laws."

Signature: _____ Date: _____

Personal Information Consent

I understand that the personal information collected on this form will be used by The Royal Canadian Legion ("Legion") for the purposes of processing my membership application and communicating with me about my membership, and may be used internally by the Legion at the national, provincial and branch levels for administration purposes and for the other purposes provided in its Privacy Statement at legion.ca/legal. By completing, signing and submitting this form, I am giving my consent for the Legion to collect, use or disclose my personal information for these purposes. I understand that I may withdraw my consent at any time by contacting Legion Member Services at 855-330-3344.

Applicant Signature: _____ Date: _____

**Completed registration should be sent to:
Membership Section
The Royal Canadian Legion
86 Aird Place, Ottawa, ON, K2L 0A1**

1-855-330-3344
membership@legion.ca

For Branch Use

Application Approved By: _____ Date: _____