## **Veteran Family Welcome Program**



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

## FRFF ONE YEAR MEMBERSHIP to welcome

Applicant Information			
Name: OMr OMrs OMs			
		Given names	
Address:Street / PO Box / RR # / Site  E-mail:	# City		Postal Code
Date of Birth:			
Service Information of Family	Veteran Member		
Date of Enlistment:	Date of Release (if applicable	e):	_
<b>Type of Service:</b> O Navy O Army O Air	r Force O Regular Force O Reser	ve (must have served not l	ess than one year) ORCMP
Have you ever been a member of the Leg	jion ○ No ○ Yes		
Canadian Legion and will abide by its Gene	,	Date:	. ,
Personal Information Consent I understand that the personal information co			
processing my membership application and national, provincial and branch levels for adm By completing, signing and submitting this for these purposes. I understand that I may with	communicating with me about my n ninistration purposes and for the othe orm, I am giving my consent for the I	nembership, and may be use er purposes provided in its P Legion to collect, use or disc	ed internally by the Legion at the rivacy Statement at legion.ca/legal lose my personal information for
national, provincial and branch levels for adm By completing, signing and submitting this fo	communicating with me about my n ninistration purposes and for the othe orm, I am giving my consent for the draw my consent at any time by con	nembership, and may be use or purposes provided in its P Legion to collect, use or disc tacting Legion Member Serv	ed internally by the Legion at the rivacy Statement at legion.ca/legal lose my personal information for ices at 855-330-3344.
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