The Royal Canadian Legion

Application For Membership



Applicant Name: (O Mr O Mrs O Ms			
		Surname	Given names	
Address:				
	Street / PO Box / RR # / Site #	City	Prov	Postal Code
Home Tel:		_ Other Tel:	E-mail:	
Date of Birth:		Citizenship:		MO FO
	dd/mm/yyyy	-		
Have you ever bee	n a member of the Legion	? No 🔿 Yes 🔿 If yes, M	embership #	

Membership Type

\bigcirc	Ordinary	– Indicate Type of Service and Service #						
	Type of Service:	 Reserve "C Class" Wartime NATO RCMP Coast Guard NORAD Cadet Instructor Cadre (CIC) 	 Can. Reg. Force R.N.F. Constabulary US Force Non-military 	 Her Majesty's Reg. Force Wartime Allied Force Vietnam 	 Reserve Underground Force Police Force 			
0	Associate	Associate						
	Relationship:	 I am the spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligible for Ordinary membership. Indicate relationship: I am the child, spouse, sibling of an Associate member of Command/Branch #: and whose Name and Membership # is: 						
	OR Type of Service O Cadets or Cadet Civilian Instructor O Federal or Provincial Emergency Response Service			 Navy League of Canada Service #: Polish Armed Forces 				
0	Affiliate Voting: I am a Canadian citizen or Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.							
0	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.							

LEGION Magazine Subscription

Membership dues include a one-year subscription rate of \$9.49 plus applicable taxes.

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

Membership Declaration

The Royal Canadian Legion's mission is to serve veterans, which includes serving military and RCMP members and their families, to promote remembrance and to serve our communities and our country.

I support the mission statement of the Royal Canadian Legion

I have read and agree to support the purposes and objects of the Royal Canadian Legion (located in the General By-Laws)

- I hereby solemnly declare that I am not a member, nor affiliated with, any group, party or sect whose interests conflict with the avowed purposes of the Legion, and I do not, and will not, support any organization advocating the overthrow of our government
 - by force or which advocates, encourages or participates in subversive action or propaganda
- I hereby certify that I have never been expelled from any Legion Branch or any other Veterans organization

I hereby certify that I have never been dishonourably discharged from, deserted from nor evaded service in the Forces of any country I agree to participate in the annual Poppy Campaign

I agree to abide by the constitution, rules and by-laws of the Royal Canadian Legion.

Your signature indicates that you agree with the above listed requirements and attest to the correctness of all the particulars contained herein:

X

Congratulations you are now a member of the Royal Canadian Legion (Subject to Branch policy, further welcoming ceremony processes are at the discretion of your local Branch)

Permission to Release Information for RCL Member Benefits Package

Dominion Command, The Royal Canadian Legion, does not rent or sell the names of members to any organization or advertiser. On occasion, Dominion Command may provide a Partner in the Member Benefits Package program with members' name and addresses to advise them of products and services being offered. Please indicate whether you consent to this procedure:

○ I consent ○ I do not consent... to share my name/address with the Member Benefits Package program.

Applicant Signature:

Date:

TO BE COMPLETED BY THE LEGION BRANCH

Command:04 Branch Name:Selkirk					Branch #:042			
Branch Address: 403 Ev	eline Street, Se	elkirk, MB	R1A 1N8					
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Service Information Person who served: O Self or (Name):				Relationship: who			who is/wa:	
an Ordinary Member of Co								
Service #								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Documentation Service Record Disch Other: 	-	-				Certificate		
Discharge Date:								
Theatres of Service:								
Next of Kin								
Name:			Relations	_ Relationship:		Tel:		
submitted where applicable. Branch Membership Committee:					Date: _ Date of Initiation:			
O Membership Dues Paid:								
Membership Registration								
Record of Legion Ser Date of Original Admission			Membe	rship #:	D	ate of Initiation:		
			Branch.	loined				
Command & Branch #	Location			Date Joined		Date Left		
Office Held			Honours and Awards Held					
Command & Branch #	Office	Date		Command & B	anch #	Award	Date	

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