



**LADIES' AUXILIARY TO BC/YUKON COMMAND
THE ROYAL CANADIAN LEGION**

APPLICATION FOR MEMBERSHIP

AUXILIARY NAME: _____ **NO:** _____

Name in Full: _____

Mailing Address: _____

_____ **Postal Code:** _____

Telephone No: _____ **Date of Birth:** _____

Have you been a member of any other Auxiliary? If so, where?

No: _____ **Yes:** _____

QUALIFICATION FOR MEMBERSHIP:

Name of Relative: _____

Relationship to relative: _____

Regimental No.(if possible) _____

Service – (Navy, Army, Airforce) _____

I HEREBY agree to abide by the Constitution, Rules and By-laws of the Ladies Auxiliary to the Royal Canadian Legion.

Date: _____ **Signature:** _____

Proposed by: _____

Seconded by: _____

Accepted On: _____ **20** _____ **Initiated On:** _____ **20** _____

President

Secretary

