

## 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:	100 100 100 100 100 100 100 100 100 100
Regimental No.(if possible)	
Service - (Navy, Army, Airforce)	
I HEREBY agree to abide by the Constitution, Rules and By-law the Royal Canadian Legion.	s of the Ladies Auxiliary to
Date: Signature:	
Proposed by:	
Seconded by:	
Accepted On:20 Initiated On:	
President	Secretary

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