



**APPLICATION FOR MEMBERSHIP**  
**IN THE LADIES' AUXILIARY**  
**OF THE**  
**ROYAL CANADIAN LEGION**

BRANCH NAME AND NUMBER: Brechin Mara Legion #488

BRANCH ADDRESS: 2146 Concession Rd 4, Brechin, ON L0K 1B0

APPLICANT'S FULL NAME: \_\_\_\_\_  
SURNAME FIRST INT.

ADDRESS: \_\_\_\_\_  
STREET/PO BOX/RR/SITE# CITY PROV. POSTAL CODE

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES WHERE? \_\_\_\_\_

If Applicable : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Regimental No: Self Relationship to Service Person

**I HEREBY certify to the correctness of the above concerning myself  
and make application for membership in, and agree to abide by  
the Constitution, Rules and By-laws  
of the Ladies' Auxiliary, to the Royal Canadian Legion**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Seconded: \_\_\_\_\_

Date Passed at General Meeting: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

President: \_\_\_\_\_ Secretary: \_\_\_\_\_