

Address: _____
 _____ Street / PO Box / RR # / Site # _____ City _____ Prov _____ Postal Code _____

Home Tel: _____ Other Tel: _____ E-mail: _____

Date of Birth: _____ **Citizenship:** _____ **M** ☐ **F** ☐

Membership Type

- legion.ca**

TO BE COMPLETED BY THE LEGION BRANCH

Command: _____ Branch Name: _____ Branch #: _____

Branch Address: _____

Service Information

Person who served: ☐ Self or (Name): _____ Relationship: _____ who is/was

an Ordinary Member of Command/Branch: _____ Membership #: _____

Service # _____

Documentation

☐ Service Record ☐ Discharge Certificate ☐ Marriage Certificate ☐ Birth Certificate ☐ Adoption Certificate

☐ Other: _____

Discharge Date: _____ Type of Discharge: _____

Theatres of Service: _____ Medals/Decorations: _____

Next of Kin

Name: _____ Relationship: _____ Tel: _____

Administration

Certified that section 221 of the General By-Laws has been applied and that satisfactory proof of service and relationship has been submitted where applicable.

Branch Membership Committee: _____ Date: _____

Date Passed at General Meeting: _____ Date of Initiation: _____

☐ Membership Dues Paid: _____ Date: _____

☐ Membership Registration Form and Per Capita Tax Submitted to Dominion Command Date: _____

Record of Legion Service

Date of Original Admission to Legion: _____ Membership #: _____ Date of Initiation: _____

Branch Joined					
Command & Branch #		Location	Date Joined		Date Left
Office Held			Honours and Awards Held		
Command & Branch #	Office	Date	Command & Branch #	Award	Date