



The Royal Canadian Legion Application for Transfer

Type or print in BLOCK letters

COMMAND: _____ BRANCH NAME: _____ BRANCH No.: _____

BRANCH ADDRESS: _____
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Member Information

APPLICANT'S NAME: MR MRS MS _____
surname given names

ADDRESS: _____
street / po box / RR # / site # city prov postal code

PREVIOUS ADDRESS (if different from above): _____

PHONE No: (HOME) _____ (OTHER) _____ E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ CITIZENSHIP: _____ M F

NEXT OF KIN: _____ RELATIONSHIP: _____

MEMBERSHIP No.: _____ MEMBERSHIP CATEGORY: _____ YEARS OF SERVICE: _____

Last year paid as per membership card: _____ (Please complete Record of Legion Service on reverse)

Previous Branch Information

COMMAND: _____ BRANCH NAME: _____ BRANCH No.: _____

BRANCH ADDRESS: _____

BRANCH PHONE No.: _____ BRANCH SECRETARY: _____

I hereby certify to the correctness of all particulars contained herein and make application to transfer membership.

APPLICANT'S SIGNATURE: _____ DATE: _____

For Branch Use

NOTE: Contact previous branch for confirmation of membership status prior to submission to Dominion Command.

DATE OF CONTACT: _____ PERSON CONTACTED: _____

INFORMATION FROM PREVIOUS BRANCH: _____

APPROVAL OF BRANCH MEMBERSHIP COMMITTEE: _____ DATE: _____

DATE DOCUMENTATION RECEIVED FROM PREVIOUS BRANCH: _____
(Should be received shortly after receipt of "Transfer Report" from Dominion Command)

PLEASE NOTE: Transfer Application must be passed at branch general meeting PRIOR to submission to Dominion Command. Transfer cannot be cancelled once processed by Dominion Command.

DATE PASSED AT GENERAL MEETING: _____

Documentation Submitted to Dominion Command

PLEASE NOTE: Transfer cannot be processed unless Per Capita Tax for the current year has been paid or is being paid at time transfer is submitted to Dominion Command. If submitting Per Capita Tax at time of transfer, a Member Registration Form must be attached to the Member Data Change Form.

MEMBER DATA CHANGE FORM PER CAPITA TAX AND MEMBER REGISTRATION FORM DATE SUBMITTED: _____

(Transfer Application Form to be retained at the Branch)

Record of Legion Service

Date of original admission to Legion: _____

Name and number of Branch, location and date of initiation: _____

List of Branches in which you have been a member with dates of joining and leaving, if known:

List any offices held showing Branch and dates:

List any Honours and Awards granted, showing Branch and Command and dates:

What Branch Activities Interest You Most?

Service Work—Welfare

Remembrance—Poppy

Branch Social Activities

Community Activities

Committee Work

Sports Program

Youth Activities

Organization—Administration

Other _____

Other _____
