



The Ladies Auxiliary

Royal Canadian Legion of Qualicum Beach

Branch 76 – 180 Veterans Way
Qualicum Beach, B.C. V9K 1L8

APPLICATION FOR MEMBERSHIP

Name in Full: _____ **Membership #:** _____

Mailing Address: _____

Postal Code: _____ **Telephone No.:** _____ **Cell #:** _____

Date of Birth: _____ **Email:** _____

Have you been a member of any other Legion Ladies Auxiliary? Yes ___ No ___

If Yes, where?

I HEREBY agree to abide by the By-Laws of the Ladies Auxiliary to The Royal Canadian Legion.

Date: _____ **Signature:** _____

Proposed by: _____

Seconded by: _____

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

President

Secretary