

Graduating Cadet Application

ONE YEAR FREE MEMBERSHIP



COMMAND: DOMINION BRANCH NAME: GRADUATING CADET BRANCH No.: 13-200

BRANCH ADDRESS: 86 Aird Place, Ottawa, Ontario K2L 0A1

Applicant's Name: Mr Mrs Ms _____
Surname Given names

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

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

Year of Birth: _____ Citizenship: _____ M F

Cadet Service Information

Date of Graduation: _____ Navy Army Air Force

Membership Type

Ordinary – Indicate Type of Service and Service # _____

Associate
Relationship: I am the spouse, widow/er, child, grandchild, sibling, niece/nephew of a person who is/was eligible for Ordinary membership. Indicate relationship: _____
 I am the child, spouse, sibling of an Associate member of Command/Branch #: _____ and whose Name and Membership # is: _____

OR Type of Service Cadets or Cadet Civilian Instructor Navy League of Canada Service #: _____
 Federal or Provincial Emergency Response Service Polish Armed Forces

Affiliate Voting: I am a Canadian citizen or Commonwealth subject and support the aims and objects of The Royal Canadian Legion.
 Affiliate Non-Voting: I am a non-Canadian citizen or a non-Commonwealth subject from an Allied nation and support the aims and objects of The Royal Canadian Legion.

Statement of Fact

"I am a graduating member of the Cadet Program and I reaffirm loyalty to the Sovereign and Canada.
I will support the Purposes and Objects of The Royal Canadian Legion and will abide by its General By-Laws."

Signature: _____ Date: _____

ONE YEAR FREE MEMBERSHIP. (*New members only, this membership does not include Legion Magazine subscription)
Completed application should be sent to: Membership Section, The Royal Canadian Legion, 86 Aird Place, Ottawa, ON K2L 0A1
Member Services 1-855-330-3344

Privacy Statement for the Royal Canadian Legion

Dominion Command, The Royal Canadian Legion, does not rent or sell the names of members to any organization or advertiser. On occasion, Dominion Command may provide a Partner in the Member Benefits Package Program with members' names and addresses to advise them of products and services being offered. Most members appreciate such special services. You are required to give your consent, or otherwise, to this procedure.

I consent I do not consent to my name and address being provided for the Member Benefits Package Program.