

# 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**

## Personal Information Consent

I understand that the personal information collected on this form will be used by The Royal Canadian Legion ("Legion") for the purposes of processing my membership application and communicating with me about my membership, and may be used internally by the Legion at the national, provincial and branch levels for administration purposes and for the other purposes provided in its Privacy Statement at legion.ca/legal. By completing, signing and submitting this form, I am giving my consent for the Legion to collect, use or disclose my personal information for these purposes. I understand that I may withdraw my consent at any time by contacting Legion Member Services at 855-330-3344.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_