



# THE ROYAL CANADIAN LEGION APPLICATION FOR TRANSFER



(Type or Print in BLOCK letters)

Command: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch No.: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

## 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 canceled once processed by Dominion Command.**

Date passed at General Meeting: \_\_\_\_\_

## DOCUMENTATION SUBMITTED TO DOMINION COMMAND

**Please Note: Transfer cannot be processed unless Per Capito Tax for the current year has been paid or is being paid at time transfer is submitted to Dominion Command. If submitting Per Capito 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## WHAT BRANCH ACTIVITIES INTEREST YOU MOST?

- |                          |                          |                               |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|
| Service Work—Welfare     | <input type="checkbox"/> | Remembrance—Poppy             | <input type="checkbox"/> |
| Branch Social Activities | <input type="checkbox"/> | Community Activities          | <input type="checkbox"/> |
| Committee Work           | <input type="checkbox"/> | Sports Program                | <input type="checkbox"/> |
| Youth Activities         | <input type="checkbox"/> | Organization - Administration | <input type="checkbox"/> |
| Other _____              | <input type="checkbox"/> | Other _____                   | <input type="checkbox"/> |
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