## APPLICATION FOR MEMBERSHIP



## The LADIES' AUXILIARY of the ARMY, NAVY & AIR FORCE VETERANS IN CANADA

	Au	ixiliary No	
PRESIDENT:			
	ARY:		
To the Ladies' Auxiliary of the Army.		Date	20
I hereby make application for member its Constitutions, Rules and By-Laws.	ership in your Auxiliary a		, to abide by
	(Name in Full)		
	(Address)		
(City)	(Prov)	(Postal Code)	
(Phone) (E-mail address)			
(Next of Kin)	(Phone)		
Have you ever been suspend explain	ed or expelled from any	Veterans Association	ons? If yes,
		(Applicant	's Signature)
Proposed by:	Seconded by:		
Recommended for Acceptance		20	
	(Chair	person of Membershi <sub>l</sub>	o Committee)
То	be filled in by Secretary		
Date Received		eipt Issued	