



THE ROYAL CANADIAN LEGION APPLICATION FOR TRANSFER



(Type or Print in BLOCK letters)

Command: 05 Branch Name: Sir William Stephenson Branch No.: 637
Branch Address: 1251 Simcoe St. N., Oshawa, Ontario L1G 4X1

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 Capita Tax for the current year has been paid or is being paid at time transfer is submitted to Dominion Command. If submitting Per Capita 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:

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"/>
