



The Ladies Auxiliary of the

RED CHEVRON

Branch # 4
34 Elizabeth St. Guelph, Ontario

Date _____

To the Ladies Auxiliary of the Red Chevron –

I hereby make application for membership in your auxiliary as an Active Member, and agree, if accepted, to abide by its Constitution, Rules, and By-laws.

(Name in Full, Miss or Mrs.)

Residence _____

Next of Kin _____ Address _____

Phone _____ Postal Code _____

Email _____

Signature of Applicant _____

Proposed by _____ Seconded by _____

Recommended for Acceptance _____

Chairman of Membership Committee



To be filled in by Secretary

Date Received _____ Card Issued _____

Entered on Roll _____

GOD SAVE THE QUEEN