



YEARS OF SERVICE REQUEST

Please return to the Branch - by _____, 200__.

Attention: Membership Chairman

By Mail: Royal Canadian Legion - Br. 617
937 Warden Avenue, Toronto, ON M1L 4C5

By Fax: 416-755-9166
By E-mail: rcldambusters617@bellnet.ca

Full Name:	
Address	New Same
Telephone #	

Membership #
Postal Code:

E-mail:

Please circle one only

Year of Service Pin requested	5	10	15	20	25	30
	35	40	45	50	55	60
Membership Type	Life	Ordinary	Associate	Affiliate		

Yours in Comradeship,

Membership Chairman