



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:		Membership #
Address	New Same	Postal Code:
Telephone #	E-mail:	

Please circle one only

Year of Service Pin requested	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 5px;">5</td> <td style="border-right: 1px solid black; padding: 5px;">10</td> <td style="border-right: 1px solid black; padding: 5px;">15</td> <td style="border-right: 1px solid black; padding: 5px;">20</td> <td style="border-right: 1px solid black; padding: 5px;">25</td> <td style="padding: 5px;">30</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">35</td> <td style="border-right: 1px solid black; padding: 5px;">40</td> <td style="border-right: 1px solid black; padding: 5px;">45</td> <td style="border-right: 1px solid black; padding: 5px;">50</td> <td style="border-right: 1px solid black; padding: 5px;">55</td> <td style="padding: 5px;">60</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Life</td> <td style="border-right: 1px solid black; padding: 5px;">Ordinary</td> <td style="border-right: 1px solid black; padding: 5px;">Associate</td> <td colspan="3" style="padding: 5px;">Affiliate</td> </tr> </table>	5	10	15	20	25	30	35	40	45	50	55	60	Life	Ordinary	Associate	Affiliate		
5	10	15	20	25	30														
35	40	45	50	55	60														
Life	Ordinary	Associate	Affiliate																
Membership Type																			

Yours in Comradeship,

Membership Chairman