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|  |  |
| --- | --- |
| RR**PROVINCIAL COMMAND**  |  |
| **BRANCH INFORMATION SHEET** |  |  |
|  |  |  |  |
| Please complete the information below so we can keep our files current. |
|  |  |  |
| Branch Name & Number |  |
| Mailing Address |  |
| Physical Address |  |
| City/Province |  |
| Postal Code |  |
| Phone  |  |
| Fax |  |
| Email\* |  |
|  |
| ***\*PROVIDE EMAIL THAT ALL CORRESPONDENCE IS TO BE SENT TO\**** |
|  |  |  |  |
| What is your yearly Membership Rate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you own your building? | Yes  No  |
| What taxes do you pay on your building? (Ontario Branches Only) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your branch a licensed premise? | Yes  No  |
| Is your branches term of office: one (1) year two (2) years  |
| Does your branch employ an office manager/secretary? Yes  No  |
|  |  |
|  | **Hours of Operation** |
|  | ***From*** |  | ***To*** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

|  |  |
| --- | --- |
| Does your branch have a Ladies Auxiliary? | Yes  No  |
|  |  |  |  |
|  | **Name** |  | **Home/Cell #** |
| LA President |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Executive Contact Information** |  |  |
|  | **Name** |  | **Home/Cell #** |
| President |  |  |  |
| 1st VP |  |  |  |
| VP |  |  |  |
| VP |  |  |  |
| Sgt-At-Arms |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
| Poppy Chairman |  |  |  |
| Membership |  |  |  |
| Service Officer |  |  |  |

**Please complete this form and return it to:**

**MB&NWO Provincial Command**

**563 St. Mary’s Road**

**Winnipeg, MB R2M 3L6**

**Or Fax: 204-237-1775**

**Or Email:** **mblegion@mbnwo.ca**

**AS SOON AS POSSIBLE**

**Note: Please submit any changes to the Executive Committee after every election.**