



The United Empire Loyalists' Association of Canada
Kingston and District Branch

P.O. Box 635, Kingston, ON
Canada K7L 4X1

APPLICATION FOR ASSOCIATE MEMBERSHIP

APPLICANT (name in full) Mr. Mrs. Ms. Miss (circle one)	
Telephone (including area code):	
Address and postal code:	
E-mail:	
Place of Birth:	Date (optional):
Married at:	Date (optional):
Full name of husband/wife:	
Place of Birth:	Date (optional):
Place of Death:	Date (optional):
Children (names in full):	
LOYALIST Ancestor:	
Date	Signature
Fee: \$45.00 (Make cheque or money order payable to <i>Kingston & District UEL.</i>)	

Applicant Line of Descent From a Loyalist Ancestor

	Loyalist Ancestor				
	Military Service (rank & regiment if known)				
	Where Settled (date & location)			Born (year)	Married (year)
					Died (year)
2	Your Parents	Father Mother			
3	Grand Parents	Father Mother			
4	1 st Great Grand Parents	Father Mother			
5	2 nd Great Grand Parents	Father Mother			
6	3 rd Great Grand Parents	Father Mother			
7	4 th Great Grand Parents	Father Mother			
8	5 th Great Grand Parents	Father Mother			
9	6 th Great Grand Parents	Father Mother			
10	7 th Great Grand Parents	Father Mother			
11	8 th Great Grand Parents	Father Mother			
12	9 th Great Grand Parents	Father Mother			
13	10 th Great Grand Parents	Father Mother			