



MEMBERSHIP APPLICATION/DATA CARD

(Surname)

(PLEASE PRINT)

(Given Name)

Address: _____ City/Town: _____ Email: _____

Province: _____ Postal Code: _____ Telephone: _____

SI Number: _____ DOB: _____ Next of Kin: _____

Occupation/Employer: _____

Military Service: _____ From: _____ To: _____

Medals/Awards/Citations, etc.: _____

To the Army Navy & Air Force Veterans in Canada I hereby make application for membership in Unit _____ and if accepted, agree to abide by its Constitution Rules and By-laws and will assist in the aims and objects of the Association to the best of my abilities. I certify that the foregoing information is true and correct to the best of my knowledge. I understand that any false information could result in revoking of my membership from the Association.

Applicant's Signature: _____

Proposed By: _____ Seconded By: _____

Approved: _____ Date of Approval: _____ Date of Initiation: _____