Application for Membership

For foreign veterans, active-service members and civilian applicants

Foreign veterans and active-service applicants receive complimentary membership for the remainder of the calendar year in which they join. Civilian memberships are 50% off after July 1. Please type or print clearly.

APPLICANT CATEGORY AND MEMBERSHIP CLASS

- ☐ Foreign veteran
- ☐ Active service
- ☐ Civilian
- ☐ Active membership
- ☐ Associate membership

APPLICATION DETAILS

Unit: ANAVETS Mexico

Unit number: #19

Application date:

APPLICANT INFORMATION

Rank (if applicable):

Full legal name:

Date of birth:

Street address:

City:

State / Province / Country:

Postal / ZIP code:

Telephone:

Email:

SERVICE OR CIVILIAN INFORMATION

Date of enlistment:

Date of release:

Service number:

Regiment, ship, wing, unit or service organization:

Civilian occupation:

Countries / locations served:

Medals / decorations:

Declaration and Review

APPLICANT DECLARATION

I apply for membership in the Army, Navy and Air Force Veterans in Canada. If elected, I agree to abide by its Constitution, Rules and Bylaws and, to the best of my ability, assist in the aims and objects of the Association: to care for disabled veterans; support and care for all veterans; protect the interests of veterans' widows, widowers and dependants; help former service personnel obtain re-establishment allowances consistent with available resources; and help build stronger communities through responsible citizenship and service. I promise to maintain true allegiance to His Majesty King Charles III, his heirs and successors. I solemnly declare that the information provided in this application is true and complete.

MEMBERSHIP HISTORY

Have you ever been suspended or expelled from a veterans association?

☐ Yes ☐ No

If yes, provide details

APPLICANT AUTHORIZATION AND RECOMMENDATION

Applicant signature — type full legal name

Date

Typing your full legal name indicates your intention to sign this application electronically.

Recommended by

Proposer

Seconder

Membership / record number

CERTIFICATE OF EXAMINING COMMITTEE — OFFICE USE

We have examined this application and any supporting documentation and declare that the information provided qualifies the applicant for membership in the Association.

Chairperson

Committee member

Committee member

Date approved

Date examined

Date initiated