



Incorporated in 1917
and Extended by Acts of
the Parliament of Canada

ARMY, NAVY & AIR FORCE VETERANS IN CANADA

ANAVETS Mexico — Unit #19

Complimentary Membership Application

Application for Complimentary Membership

For eligible Canadian military, veterans, first responders and related applicants

Eligible applicants receive complimentary membership for the remainder of the calendar year in which they join.
Complete all applicable sections. Dates may be entered as DD/MM/YYYY.

MEMBERSHIP CATEGORY — SELECT ONE

- ☐ Veteran / Serving Canadian Armed Forces ☐ Retired / Serving RCMP
☐ Spouse / Partner ☐ Child over the age of majority ☐ Military-connected student

APPLICATION DETAILS

Unit	Unit number	Application date

APPLICANT INFORMATION

Rank (if applicable)	Full legal name	Date of birth
Street address		
City	Province / State	Postal / ZIP code
Telephone	Email	

SERVICE INFORMATION — FOR ACTIVE MEMBERS

Date of enrolment	Date of release	Service number
Regiment, ship, wing, unit or first-responder service		
Countries / locations served	Medals / decorations	



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Declaration and Authorization

APPLICANT DECLARATION

I apply for membership in the Army, Navy and Air Force Veterans in Canada. If accepted, 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 serve, care and advocate for veterans, serving military personnel, RCMP members and their families; promote Remembrance and commemorate those who served and those who gave their lives in service; promote patriotic pride and respect for our Units as places of support and camaraderie; serve our communities through programs supporting veterans, seniors, people with disabilities and others; and support Canada's youth through leadership, sportsmanship, citizenship, bursaries and scholarships. 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

Have you previously been an ANAVETS member?

☐ Yes ☐ No

If yes, identify the Unit and location

APPLICANT AUTHORIZATION

Applicant signature — type full legal name

Date

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

UNIT VERIFICATION — OFFICE USE

I certify that the applicant meets the requirements for complimentary membership for the remainder of the calendar year in which they join and, where applicable, has been honourably discharged from military or first-responder service.

President's name / signature

Unit

Verification date

Membership / record number