Army, Navy and Air Force Veterans in Canada

APPLICATION FOR COMPLIMENTARY MEMBERSHIP

"Shoulder to Shoulder"
Service Since 1840

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

☐ Veteran/Serving CAF ☐ Retired/Serving RCMP
☐ Spouse/Partner ☐ Children (over age majority)
☐ Military Connected Student

DOMINION HEADQUARTERS
6 Beechwood Avenue, Suite 2
OTTAWA, ONTARIO K1L 8B4

Unit _____ Unit No. _____ Date _____

To The Army, Navy & Air Force Veterans in Canada:
I hereby make application for membership for a 12-month complimentary membership, and agree if accepted, to abide by its Constitution, Rules and Bylaws and to the best of my ability will assist in the aims and objects of the Association, namely: 1) to serve, care and advocate for Veterans, serving military personnel, RCMP and their families ensuring they are accorded the full support of the Government of Canada through benefits and programs designed to assist them; 2) to promote Remembrance and to commemorate those who served and those who gave their life in service; 3) to promote patriotic pride in our citizens; 4) to respect our Units as places of support and camaraderie 5) serve our communities through programs in support of Veterans, seniors, the disabled and others; 6) supporting Canada's youth through the teaching of leadership, sportsmanship, and citizenship and promoting academic development through bursary and scholarship awards programs. I further promise that I will maintain true allegiance to His Majesty King Charles III his heirs and successors.

PLEASE PRINT
Rank and/or Full Name_____ DOB DD/MM/YYYY

Address: _____

City _____ Province _____ Postal Code _____

Telephone No _____ E-mail:_____

For Active Members
Date of Enrollment DD/MM/YYYY Date of Release DD/MM/YYYY Service # _____

Regiment, Ship, Wing or Unit _____

Countries (Where Served)_____

Medals/Decorations_____

Have you ever been suspended/expelled from any Veterans Association?_____ If yes, give details on back of this page.

Have you ever been a member of ANAVETS before?_____ If yes, where? _____

I solemnly declare the above to be true.

Signature of Applicant **X**_____ Date _____

VERIFICATION:
I as President of Unit _____ , declare that the above mentioned member meets all requirements for the one year Complimentary Membership and has been honourably discharged from military service. (if applicable)

Signature of President: _____