REC # _____

Army, Navy and Air Force Veterans in Canada

APPLICATION FOR MEMBERSHIP

"Shoulder to Shoulder" Service
Since 1840

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

APPLICATION FOR:
ACTIVE _____ or **ASSOCIATE** _____
MEMBERSHIP

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

Unit **ANAVETS Mexico** Unit No. **#19** Date: _____

To the Army, Navy and Air Force Veterans in Canada,

I hereby make application for membership, and agree if elected, to abide by its Constitution, Rules and By-laws and to the best of my ability will assist in the aims and objects of the Association, namely: *(1)* care of the disabled veterans; *(2)* benefits and care of all veterans; *(3)* to look after the interests of widows and orphans of all veterans; *(4)* to endeavour to obtain a full measure of re-establishment for all ex-service personnel consistent with the resources of Canada; *(5)* to assist in making this Canada of ours a better country, especially through the medium of educating the younger generation of Canadians to be good citizens and fit to govern the destinies of this great Dominion in years to come; and I further promise that I will maintain true allegiance to His Majesty King Charles II his heirs and successors. **NATIONALITY:** _____

I solemnly declare that the following particulars are true - (PLEASE PRINT)

Rank and/or Full Name_____ DOB _____ Date of Enlistment _____

Address: _____ Length of Service _____ Date of Release _____

_____ _____ E-Mail:_____

Province: Jalisco, Mexico Service # _____ Medals/Decorations

_____

Postal Code _____ Telephone No _____ Occupation: _____

Regiment, Ship, Wing or Unit _____ Countries (Where Served) _____

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

I make this solemn declaration conscientiously believing it to be true.

Signature of Applicant **X**_____ Recommended by _____

Proposer _____ Seconder _____

CERTIFICATE OF EXAMINING COMMITTEE

We the undersigned, having duly examined this application as well as the discharge certificate or other supporting documents declare that the information contained therein qualify the applicant for Membership in the Association.

Chairman _____ Member _____ Member _____

Date Approved _____ Date Examined _____ Date Initiated _____