

# 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 Her Majesty Queen Elizabeth II her 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 \_\_\_\_\_