



# 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 \_\_\_\_\_ Unit No. \_\_\_\_\_ Date \_\_\_\_\_

### To The Army, Navy & Air Force Veterans in Canada:

I hereby make application for 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: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Email: \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupation \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Contact Tel. No. \_\_\_\_\_

*For Active Members*

Date of Enrollment \_\_\_\_\_ Date of Release \_\_\_\_\_ 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 \_\_\_\_\_

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 Examined \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Initiated \_\_\_\_\_