

## Canadian Association of Veterans in United Nations Peacekeeping

## **MEMBERSHIP APPLICATION**

Surname/Family Name:		Initials:	Given Name:	
Date of Birth:	Place of Birth: _		Present Nationality:	
Date of Enlistment:Service #			Service #	
Branchy of Service:		Date of Discharge		
Theatre(s) of Service with U	N Peacekeeping Force	es		
Former UN Unit(s)				
Date(s) of Service with UN l	Peacekeeping Forces (	(From/To)		
Medals (and/or) Decoration	s			
Are you presently a serving	member of the Canad	lian Forces? F		
Please List other association	s of which you are a r	nember:		
be submitted with this applie (2) If you are applying to the to a local Chapter please che (3) If you have no proof of en	cation. (Photocopies a Headquarters Chap ck with them for the nlistment/UN Service	re accepted) ter Initiation t amount requi on paper then	ations Peacekeeping service must fees are \$30.00. If you are applying red as fees vary between Chapters. In your sponsor must certify arate correspondence to National	
Applicant's Signature:			Date:	
			Home Phone ()	
City:	Province:Po	ostal Code:	Bus Phone ()	
Snonsor's Name: (Please Pri	nt)		Region:	



## Canadian Association of Veterans in United Nations Peacekeeping

S	Sponsor Signatu	e:

I personally attest to this applicant's UN Service – YES / NO

Do not write below this space – for OFFICE use only

Province	Chapter:	Fee Rec'd By:	Date Rec'd:
Proof of	Un Service verified	Membership approved by:	New Registration #:
Enlistment	by:		
Rec'd			
YES / NO			

Mail to your local Chapter:

CAVUNP Calgary Chapter PO Box 42003 Southland Crossing RPO Calgary, AB T2J 7A6

OR

Canadian Association of Veterans in United Nations Peacekeeping L'Association Canadienne Des Veterans des Forces de Paix des Nations-Unies

> B.P./P.O. Box 43026 2339 Chemin de Ogilvie Road Gloucester, ON K1J 9M7