



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

Privacy Statement

Dominion Command of The Army, Navy and Air Force Veterans in Canada does not sell or rent out the names of its members. From time to time however, if directed at Convention, we do affiliate ourselves with companies that provide benefits to our members. Some of these Affiliates require the names and addresses of members in order to advise them of the benefits being offered. Most members appreciate these benefits, as they save themselves money and frequently provide revenue to help finance ANAVETS.

I consent _____ or I do not consent _____ to my name and address being provided to some Affiliates.

Signature of Applicant X _____ Date _____

Unit: Sidney Museum Unit

Unit No. 302

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.

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

Rank and/or Full Name: _____ DOB: dd _____ mmm _____ yy _____

Address: _____ City: _____ Province _____ Postal Code _____

Telephone No _____ Occupation _____

Date of Enlistment _____ Date of Release _____ Length of Service _____

Service # _____ Medals/Decorations _____

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 _____

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 _____