

Army, Navy and Air Force Veterans in Canada, Sidney Unit 302



APPLICATION FOR VOTING ASSOCIATE MEMBERSHIP

"Shoulder to Shoulder" Service Since 1840

9843 Fourth Street, Sidney BC (250) 656-3777 or (250) 656-6410 (FAX)

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

Unit: Sidney Museum Unit

Unit No. 302

Date _____

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

I hereby make application for VOTING ASSOCIATE 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)

Full Name: _____ DOB: dd ___ mmm ___ yy _____

Address: _____ City: _____ Province _____ Postal Code _____

Telephone No _____ Occupation _____

Date joined as an associate member: dd ___ mmm ___ yy _____

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

ACCEPTANCE: I, if approved as a VOTING ASSOCIATE MEMBER, understand and agree to the following regulations & Bylaws:

1. I will support the Unit in maintaining the Aims & Objectives of the Association.
2. I may attend Unit General Meetings and may speak and vote on all Unit matters.
3. As a Voting Associate member in good standing, I may apply for transfer of membership between other Units of the Association.
4. I further understand and agree that I may serve on subordinate committees of the Unit.

Signature of Member _____

CERTIFICATE OF EXAMINING COMMITTEE

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

Chairman _____ Member _____ Member _____

Date Approved _____ Date Examined _____ Date Initiated _____