



Incorporated in 1917
and extended by acts
of the Parliament of Canada

Army, Navy and Air Force Veterans in Canada

APPLICATION FOR MEMBERSHIP

Application for: **ACTIVE** _____ **ASSOCIATE** _____

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, 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 _____

Rockwood ANAF Unit # 303

Application Date: _____

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

I hereby make application for membership, and agree if accepted, 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: to serve veterans and their dependants, to promote Remembrance, and to act in the service of Canada and its communities. I support ANAVETS' efforts to ensure that veterans, ex-service persons, serving members of the military, and their dependents are accorded the full support of the Government of Canada. I also support ANAVETS' undertaking to serve our communities through programs in support of youth, veterans, seniors, the disabled and others. I further agree with ANAVETS supporting Canada's youth through the teaching of sportsmanship, sponsoring sporting activities, and promoting the country's youth academic development through bursary and scholarship awards programs.

I solemnly declare that the following particulars are true: (Please Print)

Full Name (Rank if applicable) _____ DOB _____

Street _____ City _____ Province _____

Postal Code _____ Email Address _____ Telephone _____

(if applicable) Service # _____ Ship, Regiment, Wing or Unit _____

Date of Enrollment _____ Date of Discharge _____

Please list Medals and Decorations and Countries Served on the back of this form.

Have you ever been a member of ANAVETS? _____ If so, where? _____

Signature of Applicant _____ Recommended by _____

Seconded by _____

CERTIFICATE OF EXAMINING COMMITTEE

Reviewed by: _____

Date Approved _____ Date Initiated _____