



Army, Navy & 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 _____ **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 my address being provided to some affiliates.

Signature of Applicant: _____ Date: _____

Rockwood ANAF Unit # 303

Application Date: _____

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 dependents, 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 appl) _____

Street _____ City _____ Province _____

Postal Code _____ Email Address _____ Phone _____

(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? _____

I solemnly declare the above to be true.

Signature of Applicant _____ **Date** _____

Mail or bring your payment of \$37.00 to:

ANAF Rockwood 303, 341 Wilton St. Winnipeg, MB R3M 3B8

CERTIFICATE OF EXAMINING COMMITTEE

Reviewed by: _____

Date Approved: _____

Date Initiated: _____