



Membership Application
RCMP Veterans' Association
Calgary Division

Active **Associate** **Honorary**

Surname **Given Names** **Regimental Number** **D.O.B.**

Address **City** **Province** **Postal code**

Telephone **Cell Number** **Engaged** **Discharged**

Email

I hereby authorize the Association to accept my spouse as an Associate Member and as my next of kin.

Spouse Surname or NOK **Given Names** **Telephone** **Cell Phone**

Address **City** **Province** **Postal code**

Email:

I declare that I meet the criteria for the membership, including not having been discharged for unsatisfactory conduct.

Signature

Date

Dues of \$55 may be paid by e-transfer to invoicingcalgaryrcmpvets@gmail.com or by mail to 42 – 10 Tuscany Valley View NW, Calgary Alberta T3L 2J6.