



# ROYAL CANADIAN MOUNTED POLICE VETERANS' ASSOCIATION

## MEMBERSHIP APPLICATION

ACTIVE [ ] ASSOCIATE [ ]

Surname		Given Name(s)		Original Reg#	Rank on Discharge	D.O.B
Address			City		Province	Postal Code
Telephone	Cell #	E-mail Address - [providing an e-mail address indicates consent to receive information & documents by electronic means]				
Engaged	Discharged	Division(s) Served In				

Awards & Honours Received

Current Employer (if applicable)	Address	Occupation	Telephone
Next of Kin	Address	Relationship	Telephone

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

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

See reverse of this Application for [Membership Criteria](#) and the amount for [National Dues & Division Fees](#).

Return this completed Application to your Veteran Division as shown on the National website Welcome Page [www.rcmpvetsnational.ca](http://www.rcmpvetsnational.ca) go to [Membership/Recruiting](#) and click on [Veteran Division Addresses & Dues](#).

Attach a Cheque or Money Order for *Dues & Fees* made payable to the **RCMP VETERANS' ASSOCIATION**.

**Quebec division - \$55. yearly (january 1st to december 31st)**

Please answer the [Application Question](#) on the reverse of this form.

FOR QUEBEC DIVISION - MAIL TO  
RCMP VETERANS ASSOCIATION  
4225 Dorchester blvd. , Westmount, (Quebec) H3Z 1V5

Verified \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Dues \$ \_\_\_\_\_ Paid on \_\_\_\_\_

### VETERAN DIVISION ADDRESS

Go to - [www.rcmpvetsnational.ca](http://www.rcmpvetsnational.ca)

Membership Director's Signature

Date