

MEMBERSHIP

APPLICATION PLEASE PRINT

DMVA offers equal membership to all categories of veterans of war and peace

SECTION 1 PERS	SONAL INFORMATION		<u>. </u>
Surname:		Given Names:	
Postal address:			
Municipality:		Province:	Postal Code:
Telephone:		DOB:	Sex: OM OF
E-Mail:			
Postal address (if outside Canada):			
SECTION 2 SERV	ICE RECORD		
Current/Former Rank:		Date of enrolment:	
Service Number:		Date of release:	
Service Elements:		Date Supplementary Reserve/CIC:	
Units/Corps/Branches:			
Operational service/missions:			
Please attach proof of service, including peace support and other operations			
SECTION 3 HONOURS AND AWARDS			
Please list only official national and international Orders, Decorations & Medals			
SECTION 4 MEMBERSHIP CATEGORY			
SECTION 4 MEMBERSHIP CATEGORY ORegular Member: 50.00 (Veterans) Associate Member: \$50.00			
Oregular Member. 50.00 (Veteralis)			
Other veterans' association memberships:			
Care retains account memberships			
SECTION 5 DECLA	RATION AND DISCLOS	SURE	
I declare that the information and copies of documents that I have provided are true and accurate.			
I hereby apply for membership in the Dieppe Military Veterans' Association Enclose a money order in the appropriate amount for my membership category, payable to the Dieppe Military Veterans Association (DMVA)			
Applicant Signature: Date:			
Please check here if you do not wish to disclose you		e your Information outside the DMVA	
Complete and save this PDF form, attach it to an email message, and send to Treasurer@dieppe-vets.ca			
or print the completed form and mail to PO Box 463 Station Main Moncton NB E1C 8L9			