



MEMBERSHIP APPLICATION

PLEASE PRINT IN BLOCK LETTERS

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

SECTION 1 PERSONAL INFORMATION

Surname:		Given Names:	
Postal address:		Apartment:	Other:
Municipality:		Province:	Postal Code:
Telephone - Home: () -	DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Telephone - Mobile: () -	E-Mail:		
Telephone - Business: () -	E-Mail:		
Telephone - Emergency: () -	Name of contact:		

SECTION 2 SERVICE RECORD

Rank / Former Rank:	Date of enrolment:
Service Number:	Date of release:
Service Elements:	Date Supplementary Reserve / CIC:
Units / Corps / Branches:	
Operational service / missions:	
<i>Please attach proof of service, including peace support and other operations</i>	

SECTION 3 HONOURS AND AWARDS

<i>Please list only official national and international Orders, Decorations & Medals</i>		

SECTION 4 MEMBERSHIP CATEGORY

<input type="checkbox"/> Regular Member: \$20.00 <i>(Veterans)</i>	<input type="checkbox"/> Associate Member: \$25.00 <i>(Others)</i>	<input type="checkbox"/> Group Member: \$100.00 <i>(Organizations)</i>
Organization Name (Group Member):		
Other veterans' association memberships:		
<i>Please check one box - Group members must give the President's contact information in section 1</i>		

SECTION 5 DECLARATION AND DISCLOSURE

*I declare that all of the information and copies of documents that I have provided are true and accurate.
I hereby apply for membership in the Canadian Peacekeeping Veterans Association (CPVA).
I enclose a cheque or money order in the appropriate amount for my membership category, payable to the Canadian Peacekeeping Veterans Association (CPVA).*

Applicant Signature: _____ **Date:** _____

Please check if you do NOT authorize the release of your personal information outside of the CPVA.

Send to: CPVA Membership, 329-133 Jarvis Street, Hinton AB, Canada, T7V 1R9
Tel: (780) 865-4332, E-Mail: waco1870@shaw.ca, Website: www.cpva.ca