

RCMP VETERANS' ASSOCIATION



Confidential

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Newfoundland & Labrador
Division
Continuing in Service and Tradition

MEMBERSHIP APPLICATION

(Please Print Clearly)

Application for:

Member-----

Associate Member--
(Please check one)

Personal Information

Surname: _____ Given Names: _____

Address: _____ (Street) Original Regimental Number: _____

_____ Date of Birth: _____ (YY/MM/DD)

_____ (Prov.) _____ (Postal Code)

Telephone No.: () _____ E-Mail Address: _____

RCMP Service: 1. From: _____ To: _____ 2. From: _____ To: _____
(YY/MM/DD) (YY/MM/DD) (YY/MM/DD) (YY/MM/DD)

Next of Kin:

Surname: _____ Given Names: _____

Address: _____ (Street) Relationship: _____

_____ Telephone: () _____

_____ (Prov.) _____ (Postal Code) E-Mail Address: _____

References:

(Please supply one) 1. _____ (Name) _____ (Phone Number)

Applicant's Signature: _____

Date: _____

Return this completed and signed form, with a cheque for \$40.00, to: RCMP Veterans' Association, Newfoundland & Labrador Division, P.O. Box 9700, St. John's, NL A1A 3T5.

Division
Use Only
(YY/MM/DD)

Accepted: _____

Notified: _____

Sworn In: _____

_____ (President or Secretary) _____ Date