



# 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 \_\_\_\_\_

Return this application by postal service along with your payment to:

**RCMP VETERANS ASSOCIATION**  
4225 Dorchester boulevard  
Westmount, (Quebec) H3Z 1V5

Or you may send via E-mail to: [tresoriervetsgrc@gmail.com](mailto:tresoriervetsgrc@gmail.com) with your *INTERAC* payment

*Annual dues (January 1st to December 31st) are: Regular members and Civilian members \$65.*

*Public servants, associate members and currently serving members \$30*

Visit our Quebec Division Website at: <http://www.grc-rcmp-vets.qc.ca>

Visit our association's National Website at: [www.rcmpva.org](http://www.rcmpva.org)

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

\_\_\_\_\_  
Membership Director's Signature

\_\_\_\_\_  
Date

Note:

