Royal Canadian Mounted Police Veterans' Association

Calgary Division Associate Membership Application

Surname **Given Names** **Date of Birth**
Year Month Date

Address (apartment number, street number, street, city, province) **Postal Code**

Telephone Number **Email Address**

Next - Of - Kin (In case of emergency) **Relationship** **Telephone Number**

Address (apartment number, street number, street, city, province) **Postal Code**

RCMP Information (Spouse Regimental No. & Name, Public Service No., other association with the Force)

Return this form to: **Division Membership Chairperson**

Applicant Signature: _____ **Date:** _____

Division Use Only

Accepted On _____ **Denied On** _____

Number Assigned _____

Calgary Division Membership Chairperson **Chairperson Signature**

Garry Fotheringham _____

339 – 30 Sierra Morina Landing SW
Calgary, AB T3H 5H2 **Date:** _____