



**Royal Canadian Mounted Police
Veterans' Association
Membership Application**

ORIGINAL REGIMENTAL NO.

Type Of RCMP PSSA
Pension DND Other
Pension No. _____

SURNAME	GIVEN NAMES	RANK ON DISCHARGE	DATE OF BIRTH Y M D
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Telephone No.	Email	Div. Served In	RCMP SERVICE 1) From: To: 2) From: To:
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Present Address (Street No., Street, City, Prov.)	Postal Code
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Next of Kin	Relationship	Telephone Number
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Present Address (Street No., Street, City, Prov.)	Postal Code
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Present Employer & Address (if applicable)	Occupation	Telephone Number
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Comments

I certify that the above information is correct to the best of my knowledge.

Applicant's Signature _____
Date: _____

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I authorize the RCMP to release any information concerning me, Pursuant to the Section 8(1) of the Privacy Act.

Applicants Signature _____
Date: _____

Return this form, in duplicate, along with current year dues to the division address below.

DIVISION USE ONLY
 Verified Accepted on _____ Denied on _____ Dues Paid _____ Amount _____

Calgary Division Membership Chairperson

Garry Fotheringham
339 – 30 Sierra Morena Landing SW
Calgarv. AB T3H 5H2

Division Membership Chairperson Signature _____
Date: _____