



**ROYAL CANADIAN MOUNTED POLICE  
VETERANS' ASSOCIATION**  
Membership Application

|                         |                               |                                |  |
|-------------------------|-------------------------------|--------------------------------|--|
| ORIGINAL REGIMENTAL NO. |                               |                                |  |
| TYPE OF PENSION         | <input type="checkbox"/> RCMP | <input type="checkbox"/> PSSA  |  |
|                         | <input type="checkbox"/> DND  | <input type="checkbox"/> OTHER |  |
| PENSION NO.             |                               |                                |  |

**COMPLETE IN DUPLICATE AND TYPE OR PRINT CLEARLY**

|               |  |                       |  |                   |  |               |  |      |    |   |  |
|---------------|--|-----------------------|--|-------------------|--|---------------|--|------|----|---|--|
| SURNAME       |  | GIVEN NAME(S)         |  | RANK ON DISCHARGE |  | DATE OF BIRTH |  | Y    | M  | D |  |
| TELEPHONE NO. |  | DIVISION(S) SERVED IN |  |                   |  | RCMP SERVICE  |  | FROM | TO |   |  |
|               |  |                       |  |                   |  | 1             |  |      |    |   |  |
|               |  |                       |  |                   |  | 2             |  |      |    |   |  |

PRESENT ADDRESS ( Street No., Street, City and Province ) Postal Code

|                     |  |              |               |
|---------------------|--|--------------|---------------|
| NAME OF NEXT OF KIN |  | RELATIONSHIP | TELEPHONE NO. |
|                     |  |              |               |

ADDRESS ( Street No., Street, City and Province ) Postal Code

|   |            |               |
|---|------------|---------------|
| <b>PRESENT EMPLOYER ( If applicable )</b> |            |               |
| BUSINESS NAME                             | OCCUPATION | TELEPHONE NO. |
|   |            |               |

ADDRESS ( Street No., Street, City and Province )

**REFERENCES ( Each should be a serving member of RCMP or a member of the RCMP Veterans' Association )**

|                |      |               |
|----------------|------|---------------|
| REGIMENTAL NO. | NAME | TELEPHONE NO. |
|                |      |               |

PRESENT ADDRESS ( Street No., Street, City and Province ) Postal Code

|                |      |               |
|----------------|------|---------------|
| REGIMENTAL NO. | NAME | TELEPHONE NO. |
|                |      |               |

PRESENT ADDRESS ( Street No., Street, City and Province ) Postal Code

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

APPLICANT'S SIGNATURE .....

DATE .....

**AUTORIZATION TO RELEASE PERSONAL INFORMATION**

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

APPLICANT'S SIGNATURE .....

DATE .....

RETURN THIS FORM IN DUPLICATE ALONG WITH \$ ..... FOR YOUR DUES TO THE DIVISION ADDRESS BELOW.

|                                   |                                      |   |   |   |                                    |   |   |   |           |                             |   |
|-----------------------------------|--------------------------------------|---|---|---|------------------------------------|---|---|---|-----------|-----------------------------|---|
| <b>DIVISION USE ONLY</b>          |                                      |   |   |   |                                    |   |   |   |           |                             |   |
| <input type="checkbox"/> VERIFIED | <input type="checkbox"/> ACCEPTED ON | Y | M | D | <input type="checkbox"/> DENIED ON | Y | M | D | DUES PAID | <input type="checkbox"/> NO | <input type="checkbox"/> YES, IN THE AMOUNT OF: ..... |

COMMENTS

|  |  |  |
|--|--|--|
| VETERANS' DIVISION AND ADDRESS ( Street No., Street, City and Province ) |  | DIVISION MEMBERSHIP DIRECTOR'S SIGNATURE ..... |
|  |  | DATE .....                                     |