

CANADIAN ASSOCIATION
OF VETERANS IN
UNITED NATIONS PEACEKEEPING



Appendix 1
To Annex A to CAVUNP
General By-Laws
As Approved by Certificate of
Continuance dated September 26, 2013

L'ASSOCIATION CANADIENNE
DES VÉTÉRANS DES FORCES
DE PAIX DES NATIONS UNIES

MEMBERSHIP APPLICATION

I hereby apply for membership in CAVUNP and in Chapter: _____

Name: _____ Given Name: _____ Initials: _____

Date of Birth: _____ Place of Birth: _____ Citizenship Status: _____

Date of Enlistment: _____ Date of Discharge: _____ Service Number: _____

Branch of Service: _____

Theatre(s) of Service with Peacekeeping Forces: _____

Medals and Decorations: _____

Are you currently a Serving Member _____ or a Retired Member _____ of the Canadian Forces: _____ RCMP: _____ Civilian
Police Force: _____ Other: _____ (If Other Please Explain: _____)

Please list other associations of which you are a member: _____

Applicant's Signature: _____ Date of Application: _____

Mailing Address: (Apartment/Unit/Street Number) _____ Street Name and Type _____

City/Town/Municipality/etc _____

Province _____ Postal Code _____

Home Phone Number _____ E-Mail Address _____

PLEASE NOTE

1. Your membership fee, along with proof of Peacekeeping service must be submitted with this application. (Photocopies are acceptable)
2. If you are applying to the Headquarters Chapter, the initial membership fee is \$30.00. If applying to a local chapter, please check with that chapter membership member as fees do vary between chapters.
3. If you have no proof of Peacekeeping Service then your sponsor may certify personal knowledge of your peacekeeping service on this form or by separate correspondence to National Headquarters.

**DATA VERIFICATION AND APPLICATION APPROVAL
BY CHAPTER**

Sponsor's Name: (Please Print & Sign) _____ Sponsor Membership Number: _____

Proof of Peacekeeping Service Verified: _____ If not verified, sponsor's written declaration attached in lieu: _____

Application approved by Chapter Membership _____ Dated: _____

Category of Membership upon application: REGULAR: _____ ASSOCIATE: _____ HONORARY: _____

If application is for HONORARY MEMBERSHIP attached are: Applicant's Biography _____ and

Supporting statement why applicant should become an honorary member and be signed by the Chapter President

NATIONAL HEADQUARTERS ADMINISTRATIVE USE ONLY

(Name of Affiliate Chapter)

(Date Application Received)

Application for Membership accepted and recorded in CAVUNP Data base: _____

Applicant's Membership Number: _____

MAIL YOUR COMPLETED APPLICATION FORM TO THE LOCAL CHAPTER IN YOUR AREA

OR

Canadian Association of Veterans in United Nations Peacekeeping
L'Association Canadienne des Vétérans des Forces de Paix des Nations-Unies
B.P./P.O. Box 46026
2339 Chemin Ogilvie Road
Gloucester, Ontario, Canada
K1J 9M7

CAVUNP Home Web Page: <http://www.cavunp.org/>
National Headquarters E-Mail Address: cavunp@rogers.com