



VETERANS NOUVELLE GENERATION CANADA
MEMBERSHIP (REGION: _____)

New Update / Modification

* All fields are required *

VÉTÉRAN LADIES SUPPORTER SON DAUGHTER

Veteran's name related to Ladies, Supporter, Son or Daughter : _____

Name : _____ Surname : _____

Address : _____
Numéro et Rue App.

_____ Ville Province Code Postal

Phone number : _____ Cell : _____

E-mail : _____ Date of birth : _____
Année Mois Jour

Please provide a history of your military service with the Regular and/or Reserve Forces and attach a copy of your PPE806 or 490A. Please also attach a photo of yourself with your medals.

Date of enrolment: _____ Service number: _____

<input type="checkbox"/> Regular Armed Forces	<input type="checkbox"/> Reserve	<input type="checkbox"/> Still in Service
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UN or NATO Missions

<input type="checkbox"/> Corée	<input type="checkbox"/> Chypre	<input type="checkbox"/> Golan
<input type="checkbox"/> Égypte	<input type="checkbox"/> Liban	<input type="checkbox"/> Timor Oriental
<input type="checkbox"/> Allemagne	<input type="checkbox"/> Rwanda	<input type="checkbox"/> Iraq
<input type="checkbox"/> Bosnie	<input type="checkbox"/> Croatie	<input type="checkbox"/> Somalie
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Haïti	<input type="checkbox"/> Sierra Léone
<input type="checkbox"/> Soudan	<input type="checkbox"/> Koweït	<input type="checkbox"/> Asie du Sud-Ouest

Other, please specify: _____

I hereby solemnly declare that I am not a member of a criminal group and have no affiliation with criminal activity groups.

I hereby certify that I have read the Veterans Nouvelle Generation Canada Rules of Engagement on the official website at: veteransnouvellegeneration.ca

Signature : _____ Date : _____