



MNBC VETERANS of BRITISH COLUMBIA
VETERAN MEMBER APPLICATION

Name: _____

Service #: _____ MNBC Citizen #: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ City/Town: _____

Postal Code: _____

Telephone: _____ Email: _____

Next of Kin: _____ Relationship: _____

Métis Chartered Community: _____

SERVICE

Date of Enlistment: _____ Place of Enlistment: _____

Date of Discharge: _____ Place of Discharge: _____

Canadian Service Unit: _____

Overseas Service: _____

Medals, awards and Decorations: _____

Are you in Receipt of a Military Pension? Yes: _____ No: _____ Medical? Yes: _____ No: _____

Additional Information: _____

Are you interested in becoming a member of the MVBC Committee: Yes: _____ No: _____

Signature of Veteran: _____ Date: _____

- Proof of Service: Enclose a copy of discharge paper or record of service
- Consent to disclose contact information within Métis Veterans of British Columbia Board and Executive, Regional Directors or, Métis Community Presidents

PLEASE SEND COMPLETED APPLICATION FOR ALONG WITH COPIES OF PROOF OF SERVICE PAPERS TO:

MNBC Veterans Committee
Membership Coordinator
852 Anderton rd
Comox, BC
V9M 3Y6
Email: veteranmembershipclerk@mnbc.ca
Fax: 250-890-0468