



MNBC VETERANS of BRITISH COLUMBIA
ASSOCIATE MEMBERSHIP APPLICATION

Name: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ City/Town: _____

Postal Code: _____

Telephone: _____ Email: _____

Next of Kin: _____ Relationship: _____

Métis Chartered Community: _____ Region: _____

MNBC Citizen ID#: _____

RELATIONSHIP TO MNBC VETERAN MEMBER

NAME: _____

VETERAN SERVICE NUMBER: _____

Date of Enlistment: _____ Place of Enlistment: _____

Canadian Service Unit: _____

MNBC Citizen ID#: _____

Additional Information: _____

Signature of Applicant: _____ Date: _____

Consent to disclose contact information within Métis Veterans of British Columbia Board and Executive, Regional Directors or, Métis Community Presidents

PLEASE SEND COMPLETED APPLICATION ALONG WITH COPIES OF PROOF OF SERVICE

PAPERS TO:

MNBC Veterans Committee
Membership Coordinator
852 Anderton Rd
Comox, BC
V9M3Y6
Email: veteranmembershipclerk@mnbc.ca
Fax: 250-792-1070