



BCVCA
 PO Box 4903, Stn Terminal
 Vancouver B.C. V6B 4A6
 Canada
 (604) 770-3498
 info@bcveterans.org

British Columbia Veterans Commemorative Association (BCVCA)

Freedom is not given. It is earned.

BCVCA Membership Application Form

Membership is open to all adult residents of British Columbia who support BCVCA's commitment to plan and implement commemoration events designed to ensure the contributions of Canada's Armed Forces men and women and those of its citizens on the home front during war and peace times are never forgotten.

PLEASE PRINT CLEARLY IF FILLING OUT BY HAND, OR FILL IN THE EDITABLE FIELDS IN A PDF READER BEFORE PRINTING.

PERSONAL	Please provide BCVCA with the following personal information.											
	SURNAME			FIRST NAME			INITIAL(S)		SPOUSE/PARTNER NAME (IF APPLICABLE)			
	STREET ADDRESS					CITY			PROVINCE		POSTAL CODE	
SERVICE	PREFERRED PH # <input type="checkbox"/> Hm <input type="checkbox"/> Wk <input type="checkbox"/> Mob			ALT. PH # <input type="checkbox"/> Hm <input type="checkbox"/> Wk <input type="checkbox"/> Mob			FAX (IF DESIRED)		EMAIL			
	To assist BCVCA in staffing events for specific veteran groups, please provide the following optional information about your military service, if applicable.											
	CANADIAN		BRITISH		OTHER (COUNTRY)				NO MILITARY SERVICE			
	AIR FORCE		SQUADRON(S)									
	ARMY		REGIMENT(S)									
	NAVY		RCN, RCNR, RCNVR SHIP(S)									
MERCHANT NAVY		NAME OF SHIP(S)										
SERVICE NUMBER				RANK ON DISCHARGE			DATES (ENLISTED TO DISCHARGED) – DD/MM/YYYY					
							TO					
INTERESTS	Please mark with an "X" or "✓" the existing BCVCA activities of interest to you.											
	VETERANS LICENCE PLATE PROGRAM					BCVCA'S COMMUNITY FLANDERS POPPY FIELDS						
	MEMBERS NEWSLETTER					COMMEMORATIVE CANDLES PROGRAM						
	MEMBERSHIP DEVELOPMENT					YOUTH COMMEMORATION – VETERANS WEEK						
WEBSITE ADMINISTRATION (CONTENT UPDATES)					BCVCA'S NATIONAL WAR MEMORIAL REPLICA							
SKILLS	Special skills, talents, or knowledge that you feel would be of use to BCVCA.											
PAYMENT INFO	Annual Dues are CAD \$10.00.											
	Please enclose your cheque or money order, made to the order of "BCVCA" and mail your application to:											
BCVCA PO Box 4903, Stn Terminal Vancouver B.C. V6B 4A6 Canada												
AGREEMENT	Please accept my application for membership. If approved by BCVCA's Board of Directors, I agree to uphold BCVCA's constitution and to comply with its bylaws, copies of which will be provided to me upon acceptance of this application.											
	Date (DD/MM/YYYY)						Applicant Signature					

NOTE: DONATIONS ARE GRATEFULLY ACCEPTED TO SUPPORT BCVCA'S COMMEMORATIVE WORK. AS WE ARE NOT A REGISTERED CHARITY, TAX RECEIPTS WILL NOT BE AVAILABLE.