



APPLICATION FOR CMPA MEMBERSHIP

[Mark *x* where appropriate on form]

Language preference: English French

- I wish to join the CMPA for the **first time** and become a Lifetime member.
- I wish to pay my delinquent dues and become a Lifetime member
- I wish to join the CMPA as an Associated member.
- I wish to join the CMPA as an Honorary member.
- I wish to update my CMPA contact information as I qualify as a Lifetime member

**To pay for your Lifetime or Associate membership or delinquent dues
with either PayPal or a credit card, go to <http://www.mpkitshop.ca>**

Rank: _____ Surname: _____ Initials: _____ First name(s): _____

Service Number: _____ Awards/Decorations: _____ Badge Number: (if issued) _____

Regular component Military Police Branch Reserve Component Military Police Branch Civilian

Element Land Sea Air Other (Explain) _____

Currently Serving Retired and receiving a pension Released and **NOT** receiving a pension

Address: _____ City: _____ Province/State: _____

Country: _____ Postal Code/Zip: _____ E-Mail: _____

Home Telephone Number: _____ Cell Number: _____ Work Number: _____

I would like to volunteer for a position on the CMPA Executive or help out with association events and activities

Please save the form and forward it as an attachment to the CMPA Membership Director at
cmpamembership@gmail.com