



CMPA DEPARTURE GIFT AND CREDENTIALS REQUEST FORM

CMPA Bylaws Bylaw 5/6 – Annex A

I AM REQUESTING (Check one or Both)				<input type="checkbox"/> Departure Gift	<input type="checkbox"/> Retirement Credentials
<b>A. MEMBER'S INFORMATION</b>					
<input type="checkbox"/> Regular Force	<input type="checkbox"/> Reserve Force	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Honorary Member		
Surname			Given Names		
SN	Rank	Badge #	QL3/MPOC Graduation Date (D/M/Y)		
Current Unit			Base/Location		
Home Address		Town/City	Province	Postal Code	
Did You <b>RETIRE</b> or <b>RELEASE</b> from the CF? (Check one box only)				<input type="checkbox"/> <b>RETIRE</b>	<input type="checkbox"/> <b>RELEASE</b>
<b>ANNUITY:</b> Are you receiving a monthly annuity, either Medical or Pension?				<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
<b>RELEASE ITEM:</b> Did you release Honourably from the CF? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> Release Item?					
<b>B. DEPARTURE GIFT ENGRAVING AND CREDENTIAL ID CARD INFORMATION</b>					
First Name:		Last Name:		Initials:	
Rank (In full)			Post-Nominals (MMM, CD, etc.)		
CF Enrollment Date		day/month/year	Release / Retirement Date		day/month/year
<b>C. DEPARTURE GIFT - BADGE AND SHADOW BOX (Refer to By Law 5 for cost criteria)</b>					
Every effort will be done to have your most recently issued MP badge mounted inside the shadow box. If the badge is not available, a replica badge may be used in its place and will be inscribed with either " <b>Retired</b> " or " <b>Veteran</b> " in place of a badge number.					
If MP HQ informs CMPA that your badge is not available, CMPA will discuss options with you					
<b>D. RETIREMENT CREDENTIALS (Available at a cost from the MP Kit shop.)</b> <i>Further Purchase information will be provided on receipt of application</i>					
A colour digital passport-style photograph (Showing your Head and Shoulders) (approx. 3cm x 3cm, business attire) must be emailed along with this application to the CMPA Gift Coordinator at <a href="mailto:cmpadeparturegift@gmail.com">cmpadeparturegift@gmail.com</a> .					
<b>E. DELIVERY INFORMATION</b>					
Departure gifts are to be mailed to:				<input type="checkbox"/> <b>DWD Coordinator</b>	<input type="checkbox"/> <b>Member</b> (Address above)
<b>DWD Coordinator</b>	<b>Rank</b>	<b>Name</b>	<b>Unit</b>		
<b>Mailing Address</b> <i>Use a Canada Post mailing address as the gift is mailed via Canada Post Expedited Parcel Service.</i>					
Address		Town/City	Province	Postal Code	
<b>Telephone:</b>			<b>Email:</b>		
<b>F. ELIGIBILITY</b>					
I confirm that, in accordance with By Law 5 and/or By Law 6, I am (or the member is) eligible to receive the requested Departure Gift and/or Retirement Credentials. <b>ELIGABLE</b> <input type="checkbox"/> <b>NON ELIABLE</b> <input type="checkbox"/>					
By submitting this form, I certify that I am (or the member is) eligible to receive the CMPA Departure Gifts/Retirement Credentials and					
a. I (Member) was NOT released from the CF "Dishonourably";					
b. I (Member) was NOT released from the CF prior to the resolution of an ongoing MP Professional Standards investigation or Conduct complaint; and my (their) credentials were not revoked or suspended prior to my (their) release; or					
c. My (Member's) CMPA dues are in good standing with the CMPA.					
<b>G. FALSE INFORMATION: If any FALSE information is provided, your application will be refused</b>					