

COMPLETE FORM & RETURN TO CSMFRC



17 Wing Detachment Dundurn
Dundurn, SK S0K 1K0

MEMBER INFORMATION

Surname/ Nom	Given Name/ Prénom(s)	Rank/Grade	COS Date to (Dundurn)
Unique Identifier (first letter of last name and last 3 digits of service number)			Unit & Section/ Unit & Section
Street Address / Adresse			
City / Ville	Province	Postal Code / Code Postal	
Phone/Téléphone (Home/Domicile)	(Work/Bureau)	Email	
<input type="checkbox"/> I have signed the Privacy Notice and Consent Statement Form			

FAMILY CONTACT INFORMATION

<input type="checkbox"/> Spouse/ Épouse Or <input type="checkbox"/> Next of Kin/ ou Plus Proche Parent	Name/ Nom
Address/ Adresse	
Phone/Téléphone (Home/ Domicile)	(Work/Bureau)
City/ Ville	Province
Postal Code/ Code Postal	
Email	

CHILDREN/ ENFANT(S) INFORMATION

Name/ Nom	Name/ Nom
DOB/ DDN	DOB/ DDN
Gender <input type="checkbox"/> Male/male <input type="checkbox"/> Female/femelle <input type="checkbox"/> X (undisclosed)	Gender <input type="checkbox"/> Male/male <input type="checkbox"/> Female/femelle <input type="checkbox"/> X (undisclosed)
Name/ Nom	Name/ Nom
DOB/ DDN	DOB/ DDN
Gender <input type="checkbox"/> Male/male <input type="checkbox"/> Female/femelle <input type="checkbox"/> X (undisclosed)	Gender <input type="checkbox"/> Male/male <input type="checkbox"/> Female/femelle <input type="checkbox"/> X (undisclosed)
<input type="checkbox"/> I would like to be included on the CSMFRC Distribution List Please note, the email address you provided above will be added to the Distribution List. If you wish to use an alternate or additional email, please provide it here.	<input type="checkbox"/> I agree to allow my photo and/or family member's photos to be taken and reproduced by the MFRC in promotional materials and internet / website.
Signature of Member _____	APRV Updated _____
Date _____	APRV Updated _____

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