**Military Service Discount Application**

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| **Personal Data** |  | |
| ***Please type or print legibly.*** | **Social Insurance Number is Required for Income Tax Purposes** | |
|  | | |
| **Name** | | |
| **Home Address** |  |  |
| **City** | **Province** | **Postal Code** |
| **Home Phone/Cell Phone** | **Email** | |
| **Military Service in Canadian Armed Forced Information** | | |
| **Date of Enlistment** | | |
| **Enlistment Service Branch:**  **🞎 - Canadian Army (CAF)**  **🞎 - Royal Canadian Navy (RCN)**  **🞎 - Royal Canadian Air Force (RCAF)** | | |
| **Date of Discharge:**  **🞎 - Honourable**  **🞎 - Dishonourable**  **If Dishonourable – Explain Reason:** | | |
| **Signature**  **I affirm that all the information herein and provided with this application is true and correct.** | | |
| **Signature** | **Date** | |

***If there is not sufficient space provided on the application form, please attach additional pages to complete your answers*.**