**Military Service Discount Application**

|  |  |
| --- | --- |
| **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*.**