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|-------------------|--|
| MEMBERSHIP No. | |
| REGISTRATION DATE | |
| EXPIRY DATE | |

MEMBERSHIP INFORMATION

| CATEGORY | TYPE | TEMPORARY PASS |
|--|--|----------------------------|
| <input type="checkbox"/> Regular (CF, CF-F, V, VF, FF, FF-F) | <input type="checkbox"/> Family Membership | Family Membership \$ _____ |
| <input type="checkbox"/> Ordinary (D, D-F, P, P-F) | <input type="checkbox"/> Single Membership | Single Membership \$ _____ |
| <input type="checkbox"/> Associate (AC) | | |

MEMBERSHIP OWNER

| | | |
|---------------------|-----------------------------|------------------|
| Surname | Given Names | Rank |
| PO Box | Street Address | |
| Town | Postal Code | Telephone - Home |
| Place of Employment | CFOne No: | Telephone - Work |
| Email | Emergency Contact, Name/Tel | |

MEMBERSHIP CARDS: Including Membership Owner

| | Surname | Given Names | DOB |
|---|---------|-------------|-----|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |

MEMBERSHIP FEE

| FOR REGULAR MEMBERS (ON STRENGTH) | | FOR ALL OTHER MEMBERS | |
|--|------|---|--|
| I HEREBY AUTHORIZE MY MONTHLY PSP PLAN MEMBERSHIP FEE OF \$ _____ TO BE ASSESSED BY A PAY DEDUCTION. | | I HEREBY PAY MY ANNUAL PSP PLAN MEMBERSHIP FEE OF \$ _____. I HEREBY AUTHORIZE MY MONTHLY PSP PLAN MEMBERSHIP FEE OF \$ _____ FOR _____ MTHS AND \$ _____ FOR _____ MTHS FROM MY BANK ACCOUNT _____ FROM MY CREDIT CARD _____. | |
| | | Receipt Number | |
| Signature | Date | Signature | |
| Service Number (S/N) | | Date | |

MEMBERSHIP TERMS

REGULAR MEMBERS

- 1) MEMBERS OF THE REGULAR FORCES, THEIR SPOUSE AND CHILDREN IN FULL TIME EDUCATION 25YRS & UNDER.
- 2) VETERANS OF THE CAF AND FAMILY AS ABOVE.
- 3) FOREIGN MILITARY PERSONNEL ON DUTY WITH THE CF AND FAMILY AS ABOVE.
- 4) MEMBERS OF THE RESERVE FORCES AND FAMILY AS ABOVE.

ORDINARY MEMBERS

- 1) PUBLIC SERVANTS INCLUDING CASUAL EMPLOYEES AND CIVILIAN EMPLOYEES UNDER FULL-TIME CONTRACT TO DND AND THEIR FAMILIES.
- 2) FORMER MEMBERS OF THE REGULAR FORCES WHO QUALIFY FOR AN ANNUITY UNDER CFSA OR DSPCA AFTER A MINIMUM OF 20 YEARS SERVICE, OR FOR A PENSION UNDER THE PENSION ACT, AND THEIR FAMILIES.
- 3) WIDOWS OF REGULAR FORCE PERSONNEL RECEIVING A BENEFIT UNDER THE CFSA, THE DSPCA OR THE PENSION ACT AND WHO HAS NOT REMARRIED AND THEIR FAMILIES.
- 4) FORMER CIVILIAN EMPLOYEES FAMILY OF DND IN RECEIPT OF A PENSION ON BEHALF OF THEIR DND SERVICE AND THEIR FAMILIES.
- 5) MEMBERS OF THE RCMP, CANADIAN CORPS OF COMMISSIONAIRES OR OTHER SECURITY FORCES RESIDING OR EMPLOYED ON BASE AND THEIR FAMILIES.

ASSOCIATED MEMBERS

MEMBERS OF THE PUBLIC AT LARGE UNDER INVITATION.

| | |
|------|--|
| N.B. | ORDINARY AND ASSOCIATE MEMBERSHIPS ARE SUBJECT TO THE APPROVAL OF THE WING COMMANDER. ORDINARY AND ASSOCIATE MEMBERSHIP SHALL BE FOR A MAXIMUM OF ONE YEAR WITH NO GUARANTEE OF RENEWAL FOR FURTHER ONE YEAR TERMS. |
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MEMBERSHIP FEE STRUCTURE

REGULAR

SINGLE \$13.41 / MONTH
FAMILY \$26.83 / MONTH

\$161.00 / YEAR
\$322.00 / YEAR

TEMPORARY
TEMPORARY

SINGLE \$ 70.00 MONTH
FAMILY \$138.00 MONTH

ORDINARY

SINGLE
FAMILY

\$240.00 / YEAR
\$474.00 / YEAR

ASSOCIATE

SINGLE
FAMILY

\$415.00 / YEAR
\$830.00 / YEAR

YEARLY MEMBERSHIP CANCELLATION POLICY (EXCEPTION ACTIVELY SERVING MILITARY PERSONNEL)

MEMBERSHIPS CANNOT BE CANCELLED WITHIN THE FIRST SIX (6) MONTHS OF PURCHASE. EXCEPTIONS WILL BE MADE WITH SATISFACTORY WRITTEN EVIDENCE OF: A MEDICAL CONDITION PREVENTING PROLONGED USE OF THE PSP FACILITIES, OR A PERMANENT CHANGE OF PERSONAL RESIDENCE AS DEFINED IN THE INCOME TAX OUTSIDE THE 14 WING GEOGRAPHICAL AREA.

SIGNATURE OF APPLICANT

DATE

WITNESS NPF STAFF

DATE

CONDITION OF ISSUE (REF: WSO 5.05 & ISDRs)

ACCESS TO 14 WING GREENWOOD IS CONTROLLED BY THE MILITARY POLICE, WING SECURITY FORCE AND COMMISSIONAIRES AS MILITARY ACTIVITY DICTATE. THE COMMUNITY & RECREATION ASSOCIATION PASS IS ISSUED SOLELY TO ATTEND COMMUNITY ACTIVITIES AT THE WING AND FOR NO OTHER REASON.

EVERY PERSON, WHO IS NOT SUBJECT TO THE CODE OF SERVICE DISCIPLINE, AS A CONDITION OF BEING ISSUED A PASS, WILL AGREE TO CONFORM TO THE IDENTIFICATION REQUIREMENTS, DISPLAY THE PASS WHEN ENTERING 14 WING GREENWOOD, RETAIN IT IN HIS / HER POSSESSION FOR HIS / HER SOLE USE, REPORT IT'S LOSS IMMEDIATELY TO THE ISSUING AUTHORITY, SUBMIT TO SEARCH IF REQUIRED AND SURRENDER THE PASS UPON EXPIRATION, REVOCATION OR REQUEST.

I AM AWARE ANY VIOLATION OF THESE INSTRUCTIONS MAY RESULT IN BEING BARRED FROM ENTERING 14 WING GREENWOOD PROPERTY.

SCHEDULES AND PROGRAMS ARE SUBJECT TO CHANGE/CANCELLATION FOR MILITARY TRAINING.

SIGNATURE OF APPLICANT

DATE

W SECUR O

DATE