



The Canadian Tank Museum

"North America's Largest Collection of Operational Historical Military Vehicles"
An Accredited Canadian Armed Forces Museum

MEMBERSHIP APPLICATION FORM

Applicants Details:

Surname: _____ Given Names: _____ Preferred Name: _____

Street Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Phone: () - _____ Email: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female Other Prefer not to say

Allergies, disabilities, or other medical conditions which may affect applicant during volunteering:

Applicant's Sponsor (if any): _____

Emergency Contact:

Name: _____ Relationship to Applicant: _____

Tel: _____

OFFICE USE ONLY:

Completed application including signature?

Sponsor confirmed?

Experience/Skills recorded and passed to appropriate Manager?

Annual Member Donation Received?

Date received: _____

Date of contact: _____

Method: Phone In-Person

Date of induction: _____

Date received Volunteer Package: _____

Signed: _____

(Volunteer Coordinator)

Vision: *"The Canadian Tank Museum will become a world-class destination museum placing in the top 5 military/technology museums in the world while not forgetting its Ferret Club roots and remaining volunteer and member focused."*



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As previously mentioned, we have and need people from all backgrounds and experiences, from cleaners, to clerks. From mechanics to museum guides, everyone is needed in our Museum family. In this section, we would like to find out a bit about you.

Driver's Licence: Number: _____ Province: ____ Class/es: _____

Firearm's Licence: Number: _____ Class: _____

First Aid Certificate: Number: _____ Level: _____ Expiry: _____

Military Service: YES/NO If yes, Service Branch: _____ Rank: _____ Country: _____

Reenactor Experience: Period: _____ Side: _____ Unit: _____

Languages: _____

Experience/Qualifications: Please list any experience or qualifications in the following:

Mechanical: _____

Administration: _____

Facilities/Maintenance: _____

Any other qualification/experience you would like to share: _____

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I _____ certify that I the information enclosed is correct to the best of my knowledge. I cannot think of any reason that would preclude me from volunteering at The Canadian Tank Museum (The Museum). I also agree to abide by all Rules, Regulations and Policies of The Museum, including the Code of Conduct, with the understanding that, should I breach any of the aforementioned, I will be subject to disciplinary action and/or dismissal. I understand The Museum is an active organization and I will report any and all breaches or possible breaches of safety, policies, or legislation to an Executive member.

(Applicant’s Signature)

(Applicant’s Printed Name)

(Date)

(Volunteer Coordinator’s Signature)

(Date)

Volunteer Package:

1. Member’s Handbook
2. Museum Passbook
3. Copy of the Code of Conduct

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