SUPPLEMENTAL APPLICATION INFORMATON
(IN THE CANADIAN CADET ORGANIZATIONS)

The current APPLICATION FOR MEMBERSHIP does not collect all the information that we require. Please complete as much of the following as possible.

Cadet

Surname:	**Legal First Name:** **(As on Birth Certificate)**
E-Mail Address:	

Reason for Joining (Please check ONLY ONE)

	Adventure/Opportunities		Optional Activities (Biathalon, Music, Abseiling)
	Court Order		Parents
	Curiosity		Program (Elemental Training Programs, ie. Camping)
	Discipline		School Programs
	Free		Exchanges/Summer Camp
	Friends		Other:
	Interested in Related Career		

Parent/Guardian 1 (The one who signed the APPLICATION FOR MEMBERSHIP)

Relationship: **(Please check ONLY ONE)**	Father	Mother	Legal Guardian	Step Father	Step Mother
Surname (if different than cadet):			**First Name:**		
Cell Phone:					
E-Mail Address:					

Parent/Guardian 2 (Other than who signed the APPLICATION FOR MEMBERSHIP)

Relationship: **(Please check ONLY ONE)**	Father	Mother	Legal Guardian	Step Father	Step Mother
Surname (if different than cadet):			**First Name:**		
Address Same As Cadet ☐ **OR**					
Number and street:	**City or town:**			**Province:**	**Postal code:**
Home Phone:	**Work Phone:**			**Cell Phone:**	
E-Mail Address:					

Medical Data

Provincial Health Number:		**Province/Territory of Issue:**	
Health Care Provider (Doctor):			
Number and street:	**City or town:**	**Province:**	**Postal code:**
Office Phone:			

2422 1158 Supplemental (09-2007)