

You can fill out an online version of this form at: www.CF1FC.ca

Important: If you are a friend of the CF, phone 1-855-245-0330 for further information. Please do not fill out this form.

Person Details						
Last Name		First Name			Middle Name	
Rank or Salutation	Date of Birth		dd	mm	yyyy	Language <input type="checkbox"/> English <input type="checkbox"/> French
						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Category (select ONLY one)						
Current CAF Member <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy	<input type="checkbox"/> Former CAF Member	<input type="checkbox"/> Foreign Military	Family Member <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant <input type="checkbox"/> Guardian	Reserve <input type="checkbox"/> Class A/B <input type="checkbox"/> Class C	RCMP <input type="checkbox"/> Serving <input type="checkbox"/> Retired with pension	Civilian <input type="checkbox"/> Serving (DND, NPF, MFRC, DRDC, DCC, or Honorary Col / Capt (N) and Honorary LCol / Cdr) <input type="checkbox"/> Retired staff of the NPF with pension
Mailing Address						
Apt. No	Street Address				PO Box	
City	Province		Country		Postal Code	
Residential Address (only complete if different from mailing address)						
Apt. No	Street Address				PO Box	
City	Province		Country		Postal Code	
Phone / Email						
Home	Cell (optional)		Work (optional)		Ext.	
Email			Secondary Email (optional)			
Terms of Use / Agreements						
<input type="checkbox"/> I have read and agree to the collection and use of my personal information as outlined in the CFMWS Privacy Policy, available at www.cfmws.com .			Signature		Date dd mm yyyy	
Individuals under the age of 18 (this section must be completed by parent or legal guardian)						
Parent or Legal Guardian (print your name)		Signature		Relationship with Applicant <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian		Date dd mm yyyy

Section 1 – Category Groups

Step 1: Insert a checkmark next to the category group that applies to you. You can select more than one code.

For example, you could be a 'Veteran with pension' but also a 'DND Public Servant'.

If you selected two or more codes, the one closest to the top of the list is your primary code.

For example, if you selected 'V' and 'D', then 'V' is your primary code.

	Code	Category Group
<input type="checkbox"/>	CF	Regular Force or Reserve Force Member (Class A/B) and (Class C)
<input type="checkbox"/>	CF-F	Family of Regular Force Member or Reserve Force Member (Class A/B) and (Class C)
<input type="checkbox"/>	V	Veteran (Former Member of the CAF) with pension
<input type="checkbox"/>	V	Veteran (Former Member of the CAF) without pension
<input type="checkbox"/>	V-F	Family of Veteran (Former Member of the CAF)
<input type="checkbox"/>	V-F	Family of the Deceased
<input type="checkbox"/>	FF	Member of Foreign Military currently serving with the CAF
<input type="checkbox"/>	FF-F	Family of Member of Foreign Military currently serving with the CAF
<input type="checkbox"/>	D	Current DND Public Servant, DRDC, DCC
<input type="checkbox"/>	D	Current Staff of the NPF
<input type="checkbox"/>	D	Current Staff of MFRC
<input type="checkbox"/>	D	Serving RCMP
<input type="checkbox"/>	D	Honorary Col / Capt (N) and Honorary LCol / Cdr
<input type="checkbox"/>	D-F	Family of current DND Public Servant, DRDC, DCC
<input type="checkbox"/>	D-F	Family of current Staff of the NPF
<input type="checkbox"/>	D-F	Family of current Staff of MFRC
<input type="checkbox"/>	D-F	Family of Serving RCMP
<input type="checkbox"/>	D-F	Family of Honorary Col / Capt (N) and Honorary LCol / Cdr
<input type="checkbox"/>	P	Former Staff of NPF with pension
<input type="checkbox"/>	P	Former RCMP with pension
<input type="checkbox"/>	P-F	Family of Former Staff of NPF with pension
<input type="checkbox"/>	P-F	Family of Former RCMP with pension

Step 2: In the table below, find your primary code from Section 1, and enter information in the applicable fields.

Section 2 – Cardholder Details

CF	Service No.	CAF Enrollment Date	—	CAF Release Date (optional)
CF-F	Member Service No.	Member Last Name	Member First Name	—
V	Service No.	CAF Enrollment Date	CAF Release Date	—
V-F	Member Service No.	Member Last Name	Member First Name	Member's Release Date
FF	Service No.	CAF Assignment Start Date	CAF Assignment End Date	CAF Release Date (optional)
FF-F	Member Service No.	Member Last Name	Member First Name	—
D	PRI, NPF #, RCMP or Honorary Service No.	Enrollment Date	—	—
D-F	Member's PRI, NPF #, RCMP, or Honorary Service No.	Member Last Name	Member First Name	—

Section 3 – Identifying Documents

Step 3: Find your category code in the table below and see which identifying documents you need to submit.

Step 4: Make a copy of the identifying document that applies to you and include it with this form.

Code	Identifying Documents to Submit
CF and CF-F	<ul style="list-style-type: none"> Copy of the member's NDI 20 (Canadian Forces ID Card) or NDI 10 (Temporary ID Card)
V and V-F	<p>One of the following:</p> <ul style="list-style-type: none"> Copy of the member's NDI 75 or CF 75 (Record of Service ID Card) Copy of the member's Pension Statement Copy of the member's Release Certificate / Discharge papers Communication from either VAC or CAF that confirms the member's service.
FF and FF-F	<ul style="list-style-type: none"> Assignment paperwork and Copy of the member's NDI 30 (Allied Force ID Card) or NDI 31
D and D-F	<ul style="list-style-type: none"> For MFRC employees: A letter from the MFRC stating that you are a current employee For RCMP: Copy of the member's RCMP Service ID For Honorary: Appointment letter, copy of NDI 10 For current Staff of NPF, CF: No identifying documents to submit For current DND public servant: Copy of member's NDI 21 (Civilian ID Card) For all others: Copy of member's NDI 21 (Civilian ID Card)
P and P-F	<ul style="list-style-type: none"> Copy of the member's Pension statement

For dependents (aged 19-25) who are unmarried and attending school full time at a recognized educational institution: Submit the applicable identifying document from the table above along with a copy of your school invoice and/or proof of enrolment.

Section 4 – CANEX Club XTra Card

Do you have a CANEX ClubXTra Card? Yes If yes, enter your card #: _____
 No

Send Mail to: Coordinator, CFOne Card, CFMWS HQ, 4210 Labelle Street, Ottawa, ON, K1A 0K2

Contact Us: Phone: 1-855-245-0330 or **Email:** cf1fc@cfmws.com

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