



Ambulance Paramedics & Emergency Dispatchers of BC Honour Guard / Ceremonial Unit

Application for Membership

NAME:		DATE:	
ADDRESS:			
UNION EMAIL:	(NOTE: Members w	vill ONLY be contacted at their UNION email)
PHONE:	YEARS OF	SERVICE:	STATION:
PAST EXPERIENCE:			
		Deta	ils:
Previous/Current hor	nour guard service?		
Previous/Current mil	itary service?		
Previous/Current dril	I experience?		
Previous/Current vol	unteer commitment?		
Previous/Current mu	sic ability?		
Please list 3 characte	er references with phor	ne numbers:	
Name:	Phone:		
Name:	Phone:		
Name:	Ph	one:	

Please send your completed application, resume and essay to:

Email: info@apbc.ca

Mail: Ambulance Paramedics & Emergency Dispatchers of BC

#105 – 21900 Westminster, Richmond, BC, V6V 0A8