



**Ambulance Paramedics of BC
Honour Guard / Ceremonial Unit**

Application for Membership

NAME: _____

DATE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ YEARS OF SERVICE: _____ STATION: _____

PAST EXPERIENCE:

Details:

Previous/Current honour guard service?

Previous/Current military service?

Previous/Current drill experience?

Previous/Current volunteer commitment?

MUSICAL TALENTS (If any):

ADDITIONAL RELEVANT TALENTS / NOTES:

Please send your completed application to:

Email: info@apbc.ca

Mail: Ambulance Paramedics of BC
#105 – 21900 Westminster Hwy
Richmond, BC V6V 0A8

RESET FORM **SAVE FORM** **PRINT FORM**