



PEI MFRC CONTACT FORM

STAFF USE ONLY

PENELOPE ID # _____

DATE ENTERED _____

NEWSLETTER SIGNUP _____

MEMBERS / VETERANS CONTACT INFORMATION					
PRIMARY MEMBER			SPOUSE/PARTNER		
Title	First Name		Title	First Name	
	Last name			Last Name	
DOB (mm/dd/yyyy)			DOB (mm/dd/yyyy)		
Military Service ID (Last 3 digits of service number)	Still Serving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Military Service ID (Last 3 digits of service number)	Military Member	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Unit		_____	Unit	
Were you Medically Released? Yes <input type="checkbox"/> No <input type="checkbox"/>			Were you Medically Released? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was your Release Date? (if applicable)			What was the Release Date? (if applicable)		
Notes:					

CONTACT & COMMUNICATION INSTRUCTIONS	
Home Address	
Mailing Address (if different than home address)	
Town	
Postal Code	
Telephone #	
Personal Email	
I consent to receive the PEI MFRC monthly newsletter via E-mail	YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:	

FAMILY INFORMATION			
Name	Relationship (to above contact)	Gender (M/F/X)	Children's DOB (mm/dd/yyyy)

Privacy Disclaimer: The information on this form will be kept confidential and used only for the purpose for which it was collected within the PEI Military Family Resource Centre. The PEI MFRC adheres to the Military Family Services Privacy Code. I hereby give my consent to the PEI MFRC to disclose this information to the PEI MFRC staff and registered volunteers with respect to the above-indicated program, activity and/or service.

Personal information is protected and only used and disclosed in accordance with the provisions of the privacy act (and other provincial/territorial privacy legislation applicable to the MFRC) as described and read in the attached privacy notice and consent statement as presented by MFRC staff.

Signature _____ Date _____