



AIR CADET LEAGUE OF CANADA BRITISH COLUMBIA PROVINCIAL COMMITTEE

Email to: screening@aircadetleague.bc.ca

REQUEST FOR REPLACEMENT SCREENING CARD

REQUEST DATE : _____ CARD# _____

Registered Member's Name: _____

Date of Birth: _____

Member's Signature: _____

Additional Requirements:

1. Photo ID to be attached.
2. JPG/JPEG photo for replacement card to be attached.

Reason for replacement request (check one):

1. Lost card:
2. Member Name Change:

Squadron Sponsoring Committee: _____
(SSC Legal Name)

SSC Chair Name: _____
(print name)

SSC Chair's Signature: _____

ACLC/BCPC OFFICE USE ONLY

Card #: _____

Date rec'd: _____

Date Reprinted: _____

Date Shipped: _____

Completed by: _____