



THE ROYAL CANADIAN NAVAL ASSOCIATION NIAGARA REGION
L'Association Royale Canadienne de la Marine-Région du Niagara
 Niagara Military Museum, 5049 Victoria Avenue
 Niagara Falls, Ontario L2E 4E2

MEMBERSHIP APPLICATION

(Please Print)

DATE OF APPLICATION _____

REGULAR MEMBER _____ ASSOCIATE MEMBER _____ MEMBER AT LARGE _____

SURNAME _____ FIRST NAME _____

DATE OF BIRTH _____ (M) _____ (D) _____ (Y)

ADDRESS _____ CITY _____

POSTAL CODE _____ TELEPHONE (____) ____ ____

EMAIL ADDRESS _____

NEXT OF KIN _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE (____) ____ ____

NAME OF SPOUSE _____

APPLICANT SIGNATURE _____

*****MILITARY INFORMATION*****

SERVICE _____ SERVICE NUMBER _____

REGULAR FORCE ___ RESERVE ___ CADET ___ ALLIED ___ M.M. ___ RCMP ___ CBSA ___

(Check which Service if any)

LENGTH OF SERVICE _____ DECORATIONS (IF ANY) _____

SPONSOR (1) _____ SPONSOR (2) _____

PRESIDENT _____ MEMBERSHIP CHAIR _____

APPROVED ___(D) ___(M) ___(Y) PROOF OF SERVICE (If any) _____

Cheques payable to: RCNA NIAGARA – or by etransfer to: rcnaniagararegion@gmail.com



“We Will Remember Them”

