



**ROYAL WESTMINSTER REGIMENT  
ASSOCIATION  
APPLICATION FOR MEMBERSHIP**



This information is required to update our database and maintain communication - please print clearly

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* E-mail is the preferred method of communication. By signing this form you are granting permission for the Association to use your e-mail solely for the purpose of communication relating to the Association.

*Please indicate if this is not available to you and your membership will be notated accordingly.*

**Military Service with the RWestmrR (please complete the following):**

Dates served as a member of the RWestmrR: From \_\_\_\_\_ To \_\_\_\_\_

Highest rank attained \_\_\_\_\_ and/or \_\_\_\_\_

Affiliated with the RWestmrR: From \_\_\_\_\_ To \_\_\_\_\_

In what capacity was your service? \_\_\_\_\_

**Other Military Service:**

Branch of the service: \_\_\_\_\_

Dates served: From \_\_\_\_\_ To \_\_\_\_\_

Highest rank attained \_\_\_\_\_

**If no previous military service, please outline briefly your interest in becoming a member of the Royal Westminster Regiment Association:**

\_\_\_\_\_  
\_\_\_\_\_

Please forward this completed application form by mail or by hand to:

**The Royal Westminster Regiment Association  
530 Queens Avenue  
New Westminster BC V3L 1K3**

Please include a cheque/money order for the membership dues of:

One Year (Regular/Associate) = \$15.00 or  Lifetime = \$100.00

\_\_\_\_\_  
Date submitted

\_\_\_\_\_  
Signature of Applicant