



**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