

193 Ontario Street  
Kingston, Ontario  
K7L 2Y7



Phone: 613-542-8152  
www.rchaclub.com

**The Royal Canadian Horse Artillery  
Brigade Association**  
*Incorporated 1947*

**MEMBERSHIP APPLICATION**

***The Membership Year is November 1 – October 31***

*Application may be left with the Bar Steward or mailed to the above address (Attention: Membership).*

**(PLEASE PRINT )**

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

***Should the above information change please notify Membership.***

**BIRTHDAY: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ (For a complimentary drink on your Birthday.)**

**MILITARY SERVICE? please complete**

None \_\_\_\_\_ Yes \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ RCA (Gunner) \_\_\_\_\_ Other Branch \_\_\_\_\_

***NOTE: RCA members (Gunners) applying for Active Membership please include proof of service.***

**THE CLUB DEPENDS ON VOLUNTEERS - PLEASE NOTE WHERE YOU COULD HELP**

Committees		Skills	
Promotion	Grants	Photography	Painting
Special Events	Historical	Computer	Electrical
Entertainment	Bar Operations	Typing	Cleaning
Membership	Sports	Carpentry	Decorating
Housing	Golf	Plumbing	Event organizing

**Work experience, other skills and interests that could be beneficial to the club?**

***I hereby request to join the RCHA Brigade Association and, if accepted, agree to abide by the Constitution & Bylaws of the Association. (See [www.rchaclub.com](http://www.rchaclub.com))***

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPONSOR: LIFE or ACTIVE MEMBER:** Print \_\_\_\_\_ Signature: \_\_\_\_\_

**I am paying: Please refer to the attached letter & circle applicable dues & payment method**

**AMOUNT: \$ \_\_\_\_\_ FULL \$100.00 By: Cash Cheque Credit Debit**

I would like to contribute to the Capital Improvement Fund (CIF) \$ \_\_\_\_\_

***To be completed by the Bar Steward and/or Membership Volunteer***

**PAYMENT RECEIVED BY (Name) \_\_\_\_\_ Date \_\_\_\_\_ By Cash Cheque Credit Debit**

**CONTRIBUTION TO CAPITAL IMPROVEMENT FUND?: \_\_\_\_\_ Receipt Issued : \_\_\_\_\_ Gift Ack: \_\_\_\_\_**

**DATE: Board Approved/Initial: \_\_\_\_\_ Type? (Circle) Associate: Active: Notified: \_\_\_\_\_**

**Entered: \_\_\_\_\_ Members Board: \_\_\_\_\_ Email list: \_\_\_\_\_ Excel \_\_\_\_\_ Mail Program \_\_\_\_\_ Birthday list \_\_\_\_\_**

**Date eligible for Active Membership \_\_\_\_\_ Volunteer list: \_\_\_\_\_**