

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)

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 or PRORATED (see invitation letter) **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:** _____