193 Ontario Street
Kingston, Ontario
K7L 2Y7

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

The Royal Canadian Horse Artillery Brigade Association

MEMBERSHIP APPLICATION

NOTE: As of October 29, 2026 the Membership Year is reverting to the Calendar Year

The 2026 Membership Year is November 1, 2026 – December 31, 2027

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) $ _____ **By:** *Cash Cheque Credit Debit*

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

PAYMENT RECEIVED BY (Name) _____ **Date**_____ **Receipt Issued:** ____ **Card Issued:** _____ **Mailed?**____

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

DATE: Board Approved:_____ **Type? *(Circle) Associate: Active:*** **Notified:** _____

Entered: _____ ***Members Board:*** _____***Email list:*** _____***Excel***_____ ***Mail Program***_____ ***Birthday list***_____

Date eligible for Active Membership_____ ***Volunteer list:***_____

Rev November 2026