SUBMARINERS ASSOCIATION OF CANADA WEST

APPLICATION FOR MEMBERSHIP

Surname _____ Given Names _____

Nickname _____ Spouse _____

Mailing Address _____

_____

Phone _____ E-mail _____

Country/Branch of Service/Rank _____

Honours/Awards/Medals _____

SUBMARINE SERVICE: Year designated as 'Qualified in Submarines' _____

Name of Submarine:	Type / Number:	Years From/To:	Comments:

1. Qualified Submariners of all nations are welcomed as members.
2. A copy of service documents or other proof of service may be requested to confirm your application.
3. Dues are $15 per calendar year, plus an optional $10 if you wish to be included in our Standing 50/50 Draws. Membership includes 10 issues of our Newsletter.

Applicants Signature _____ Date _____

Please mail completed form with cheque covering dues to:

SAOC WEST
c/o 618 ADMIRALS ROAD
VICTORIA, B.C.
CANADA V9A 2N7

IF MORE SPACE IS REQUIRED PLEASE USE REVERSE SIDE.

FOR SAOC USE ONLY

Executive Member Verification

_____
Name Date

_____
Signature

Home Page: *www.saocwest.com*

E-mail: *saocwest@shaw.ca*