



193 Ontario Street,
Kingston, Ontario
K7L 2Y7

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

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

APPLICATION TO JOIN THE RCHA BRIGADE ASSOCIATION

The Membership Year is November 1 – October 31

Application may be left with the Bar Staff or mailed to the above address (attention Membership Chair).

(PLEASE PRINT)

Last Name: _____ First Name: _____ M _____ F _____

Address: _____ Apt _____ City _____ Postal Code: _____

Phone: _____ Other: _____ Email: _____

BIRTHDAY: DAY _____ MONTH _____ (For a complimentary drink on your Birthday.)

MILITARY SERVICE? - please complete

NONE: _____ YES: _____ Active? _____ Retired? _____ RCA? _____ 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.

<u>Committees</u>		<u>Skills</u>	
Promotion	Grants	Info. Technology	Painting
Special Events	Historical	Social Media	Electrical
Entertainment	Bar Operations	Typing	Cleaning
Membership	Sports	Carpentry	Decorating
Housing	Golf	Plumbing	Event organizing
Work experience, 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:** _____

LIFE OR ACTIVE MEMBER SPONSOR Name: Print _____ **Signature:** _____

I am paying: (Please refer to the letter of invitation & circle applicable dues & payment method)

AMOUNT: _____ (FULL or FIRST INSTALMENT(\$50) or PRORATED) **Date:** _____ **By:** Cheque Cash Debit Credit

IF NOT PAID IN FULL: Post-Dated \$50 Cheque Attached: **Date on cheque:** _____

CONTRIBUTION TO CAPITAL IMPROVEMENT FUND?: _____ **By:** (Circle) Cheque Cash Debit Credit

For RCHA Bar Staff/Office use:

PAYMENT RECEIVED BY (Name): _____ **Receipt Issued:** _____ **2nd Receipt Issued:** _____ **Card Issued:** _____ **Mailed?** _____

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

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

Entered: _____ **Members Board:** _____ **Email list:** _____ **Birthday list** _____

Date eligible for Active Membership _____