



Membership # _____ - _____

The Alumni Association of RCSCC Repulse IN-ROUTINE • Membership Application

Type: Regular Associate (Parents/ Past Members of Navy League, etc.)

Number of Years: One \$20.00 Two \$35.00 Three \$50.00

Please make cheques payable to the Navy League Sarnia Branch.

Membership Information

Number of Years Involved: From _____ to _____

Last Name _____ First Name _____

How did you hear about us? _____

Apt. _____ Address _____

City _____ Province/ State _____ Country _____

Postal/ Zip Code _____ Home Tel. # (____) _____

Date of Birth: Year _____ Month _____ Day _____

Work Tel. # (____) _____ Cel. Tel. # (____) _____

Pager # (____) _____ Email Address _____

RCSCC Repulse Service

Course/ Position (list)	Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Would You be willing to assist Navy League in fund raising on occasion? Yes No

Civilian Experience / Employment

Field _____ Position _____ Company _____

Qualifications / Education

College/ University _____

Technical _____ Other _____

Other Interests

Biography

Signature _____ Date _____

Mail Application to: RCSCC Repulse Alumni, P.O. Box 2071, Sarnia, Ontario, N7T 7L3