

# SUBMARINERS ASSOCIATION OF CANADA ~ WEST



## APPLICATION FOR MEMBERSHIP

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Nickname \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

eMail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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:

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

1. Qualified Submariners of all nations are welcomed as members.
2. A copy of proof of service may be requested to confirm your application.
3. Dues are \$20 per calendar year - effective 2017.  
**Please make cheque payable to:** Submariners Association of Canada West
4. Membership includes events, email updates, online Scuttlebutt and quarterly newsletters emailed.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail completed form with  
cheque covering dues to:

**SAOC WEST  
3511 BLANSHARD STREET  
PO BOX 48154  
VICTORIA, B.C.  
CANADA V8Z 7H6**

*IF MORE SPACE  
IS REQUIRED  
PLEASE USE  
REVERSE SIDE.*

**FOR SAOC USE ONLY**

**Executive Member Verification**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature