

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 \$10 per calendar year - effective 2026.
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