

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: |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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: _____

Method of Payment: Cash / Check
(Circle one)

Home Page: www.saocwest.ca

For membership inquiries
E-mail: saocwestslops@gmail.com