

# Atlantic Chief and Petty Officers Association

(Annual Dues January 1 - December 31 \$25.00)



## Application For Membership

(Please print clearly))

### NAME

Surname: \_\_\_\_\_ Given: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Name Used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_

### RESIDENCE (Home)

Street/PO. Box: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### RESIDENCE (Away. Florida, etc.)

Street/PO. Box: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Away Dates: \_\_\_\_\_

### SERVICE

RCN: \_\_\_\_\_ CF: \_\_\_\_\_ Other: \_\_\_\_\_  
Retired: \_\_\_\_\_ Serving: \_\_\_\_\_ Rank and Trade: \_\_\_\_\_  
Join Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

### WIDOW (ER)

Spouse's Name: \_\_\_\_\_ Rank and Trade: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Status: \_\_\_\_\_  
No.: \_\_\_\_\_ Sent: \_\_\_\_\_

Complete and return to (with cheque or money order)

**ACPOA . PO BOX 3533 . DEPS . DARTMOUTH, NS. B2W 5G4**