

NOVA SCOTIA BRANCH THE NAVAL ASSOCIATION OF CANADA PO Box 801, Halifax NS, B3J 2V2

Membership Off-Line Application/Renewal and Donation Form

		Date: _	
Full Name and Initials:			
Street Address:			
Town/City:	Province/State	Postal/Zip	Code
Dues Category (Check one):			
Regular Member (\$65))		
Dues to be Paid (if	paying for more than one yo	ear, indicate which	n years) \$
Donation to the NSNOA Bursary Fund		\$	
		Total	\$
NOVA SCOTIA BRANCH - T	ake your cheque or money o "NSNAC" and mail with completed HE NAVAL ASSOCIATION OF is possible online at https://nac-o.w	form to: CANADA, PO Box 8	801, Halifax, NS, B3J 2V2
* Indicates Required	ctory Information (Please	complete below fo	or our records).
* Your first name:			
Spouse's first name:			
* Phone: (Please include Ar	ea Code):		
* E-mail address:			
Military Only - Rank (current	or on retirement):		
Post Nominals (if any):	Date	of Birth:	
NOTE: NSNAC and NAC do no	ot share member personal ir	formation with th	ird parties