**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):

NAC Regular Member ($70) / NAC Regular Serving CAF ($50)

Dues to be Paid (*if paying for more than one year, indicate which years*) $\_\_\_\_\_\_\_\_\_\_\_

Donation to the NSNOA Bursary Fund $\_\_\_\_\_\_\_\_\_\_\_

**Total** $\_\_\_\_\_\_\_\_\_\_\_

Please make your cheque or money order made payable to: **“NSNAC”**

and mail with completed form to:

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

***Joining directly is possible online at*** [***https://nac-o.wildapricot.org/NAC-NS-Join-Us!***](https://nac-o.wildapricot.org/NAC-NS-Join-Us!)

**Membership Directory Information** *(Please complete below for our records).* **\*** Indicates Required

* Your first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse's first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Phone: (*Please include Area Code*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Only - Rank (current or on retirement): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Nominals (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: NSNAC and NAC do not share member personal information with third parties