



**CFB HALIFAX OFFICERS' MESS**  
**Application for Corporate Memberships**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** (please print): \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** (please print): \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** (please print): \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** (please print): \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**If Applicable:**

**Previous Military:** Branch/Unit: \_\_\_\_\_ Date From: \_\_\_\_\_

**Service:** Rank: \_\_\_\_\_ To: \_\_\_\_\_

**Nominated by:**

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Signature Date

**Wardroom Office**

Membership approved by:	Date:
Applicant Notified by:	Date: