



CFB HALIFAX OFFICERS' MESS
Application for Associate Membership

Name: _____
(please print)

Rank/Title: _____

Occupation: _____

Business Address: _____ **Phone:** _____

Residential Address: _____ **Phone:** _____

E-Mail: _____

Previous Military: Branch/Unit: _____ Date From: _____

Service: Rank: _____ To: _____

Type of Membership Requested: Category 1 Retired Officer _____ Category 2 Civilian Work Associate _____ Category 3 Social _____

Pension Annuity # : _____

If a DND Civilian Working Associate: Classification and Level: _____

If a Social Member: Nominated by (Ordinary Member):

Name: _____ Unit: _____

Rank: _____ Phone: _____

Applicant: _____
Signature Date

Wardroom Office

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