



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

2020 Membership 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); [] Serving CAF Member (\$50)

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

Donation to NSNOA Bursury Fund \$ _____

Total \$ _____

Please forward completed form along with cheque or money order made payable to:

"NSNAC"

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



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

* Your first name: _____

Spouse's first name: _____

* Phone: (*Please include Area Code*): _____

* E-mail address: _____

NOTE: NSNAC and NAC do not share member information with any third party

Military Only - Rank (current or on retirement): _____

Post Nominals (if any): _____ Date of Birth: _____

* Required

NAC Branch Communications: I do not have an email address, so I can only receive via regular mail [].