



GUELPH RED CHEVRON AND ASSOCIATES INC.

34 ELIZABETH STREET
GUELPH, ONTARIO N1E 2X2

TELEPHONE (519) 824-1381

APPLICATION FOR MEMBERSHIP

Name: _____
Surname First Middle

Address: _____
Street City Postal Code

Date of Birth _____ Phone No _____ Email _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Military Service: _____

Branch & Rank _____ Entry Date _____ Discharged Date _____

OTHER SERVICE CLUBS OR PROFESSIONAL ORGANIZATIONS: _____

_____ position held

Employer: _____

Next of Kin: _____ Address: _____

Proposed By: _____
(must be a member)

Proposed By: _____
(must be a member)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS AND ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT.

SIGNATURE OF APPLICANT: _____ DATE : _____

FOR OFFICE USE ONLY

FEE PAID: _____

APPROVED: YES: _____ NO: _____ DATE: _____