



UNITED SERVICES INSTITUTE OF NANAIMO NORTH ISLAND

c/o Vancouver Island Military Museum
100 Cameron Road, Nanaimo, BC V9R 0C8

MEMBERSHIP FORM

Type of Application New Renewal

- Single Ordinary Member USINNI Membership. \$50.00 (Please complete only Section 1).
- Single Associate Member USINNI Membership. \$50.00 (Please complete only Section 1).
- Family Membership. \$75.00 (Please complete Section 2 for Second Family Member).

PLEASE PRINT CLEARLY

Section 1

Name: _____
(Surname) (Given Name(s)) (Usual)

Postal Address: _____
(PO Box or Number & Street) (City/Town) (Postal Code)

Phone No - Primary: _____ Secondary: _____
(Please include area code) (Please include area code)

Date of birth: _____ E-mail Address: _____
(yyyy-mm-dd)

Spouse's / Partner's Full Name: _____ Date of birth: _____
(yyyy-mm-dd)

Spouse's / Partner's Email Address: _____

Military / Police Service Particulars (for Ordinary Membership)

	<i>Military/RCMP Arm - Branch - Unit</i>	<i>From Date</i>	<i>To Date</i>	<i>Rank</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I would be interested in assisting the USINNI with:

- Monthly Luncheons Special Social Functions Telephone Committee
- Hospitality Military Committee Membership
- Newsletter Public Relations Other _____

I do not wish my personal / contact information to be shared or used other than necessarily and then only internally within the Institute.

Date of Application

Applicant's Signature

Sponsor's Name (Current USINNI Member)

Sponsor's Signature

Section 2 on reverse (if applicable)

PLEASE PRINT CLEARLY

Section 2 – Family Membership - Second Member

Name: _____
(Surname) (Given Name(s)) (Usual)

Postal Address: _____
(PO Box or Number & Street) (City/Town) (Postal Code)

Phone No - Primary: _____ Secondary: _____
(Please include area code) (Please include area code)

Date of birth: _____ E-mail Address: _____
(yyyy-mm-dd)

Military / Police Service Particulars (for Ordinary Membership)

<i>Military/RCMP Arm - Branch - Unit</i>	<i>From Date</i>	<i>To Date</i>	<i>Rank</i>
1. _____			
2. _____			
3. _____			

I would be interested in assisting the USINNI with:

- | | | |
|--|---|--|
| <input type="checkbox"/> Monthly Luncheons | <input type="checkbox"/> Special Social Functions | <input type="checkbox"/> Telephone Committee |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Military Committee | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other _____ |

I do not wish my personal / contact information to be shared or used other than necessarily and then only internally within the Institute.

Date of Application

Applicant's Signature

Sponsor's Signature (Current USINNI Member)

USINNI MEMBERSHIP SUBSCRIPTIONS		
Membership Type	Annual Tariff	Remarks
Single Ordinary Membership	\$50.00	
Single Associate Membership	\$50.00	
Family Membership	\$75.00	May be a combination of Ordinary and Associate Memberships.

FOR OFFICE USE

Initial Membership Dues Received: Date: _____ Amount: \$ _____ CASH / CHEQUE

APPROVED / REJECTED at USINNI BOD Meeting dated: _____ Membership Type: _____

Membership No. _____ Date Card Issued: _____ Date Letter Sent: _____

Second Membership (If applicable)

Membership No. _____ Date Card Issued: _____ Date Letter Sent: _____

Membership Termination: Date: _____ Reason: _____