



WREN ASSOCIATION OF TORONTO

P.O. Box 14, Station F, Toronto, Ontario, M4Y 2L4

www.thewrens.ca

MEMBERSHIP APPLICATION

NOTE: (1) Please **PRINT CLEARLY** all details in **INK**
(2) Applicants must be sponsored by a **NAVAL** Member

Family Name: _____ Maiden Name: _____

Given Name: _____

Address: _____ Apt/Suite #: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Phone Number: (____) _____ E-Mail: _____

Date of Birth: _____ / _____ / _____
YYYY / MM / DD Service #: _____

I submit this application to be considered for membership as:

_____ Naval Member

_____ Associate Member

_____ Social Member

Name of Service: _____

Branch / Regiment / Trade: _____

Places Served: _____

Enlistment Date: _____ / _____ / _____
YYYY / MM / DD

Discharge Date: _____ / _____ / _____
YYYY / MM / DD

Medals & Decorations: _____

Other Service(s): _____

Next of Kin: _____

Relationship: _____ Phone: (____) _____

Signature of Applicant: _____ Date: _____ / _____ / _____
YYYY/MM/DD

Sponsored By: _____ Signature _____
(PLEASE PRINT NAME)