



Membership Application
Royal Niagara Military Institute
P.O Box 23072, 124 Welland Ave.
St. Catharines, ON, L2R 7P6

Date _____

To the Directors of the Royal Niagara Military Institute:

I, the undersigned, hereby apply for membership in the Royal Niagara Military Institute.

Name : _____ Rank _____
(Surname) (Given Names)

Street Address : _____ Apt : _____

City : _____ Province / State : _____ Postal Code : _____

Home Phone : (____) _____ Occupation : _____

Business Address : _____ E-Mail Address : _____

Military Service affiliations, Decorations, Periods of Military Service, Personal Qualifications etc. _____

Commonly used name (Nickname) _____ Spouses Name : _____

Signature of Applicant _____ Signature of Proposer _____

FOR RNMI DIRECTORS USE

Date of Meeting at which considered _____ Approved _____ Not Approved _____

Membership type : Ordinary, Associate, Non Resident, Honorary, Life

Membership Card sent : _____ Letter of Welcome sent : _____

Comments : _____

****Applicants not residing in the Niagara Peninsula.** Please advise on back of this page why you wish to join the Royal Niagara Military Institute in St. Catharines