



West Nova Scotia Regiment Regimental Association

Box 6, Paradise, NS, B0S 1R0
Serving West Novas – Past and Present

Applicant Information

Contact Information

Please Print

Full Name: _____ ()
Last First Middle (Called)

Civic Address: _____
Street Address Apartment/Unit #

City/Town Province Postal Code

Home Phone E-mail address

Mailing Address:
Same as above

Street Address Apartment/Unit #

City/Town Province Postal Code

Birthdate: DD MM YYYY Spouse's Name: _____

Military Background Information

Service Dates		Unit and Location	Trade/Position
From	To		

Additional information may be included here. If more space is required, please use back of form.

Applicant Signature

Date

Please submit Annual Dues (\$20) with application.