



Newmarket Veterans' Association

406 MILLARD AVE.
 NEWMARKET, ONTARIO L3Y 1Z9
 (905) 895-7321

ASSOCIATE MEMBERSHIP APPLICATION

NAME _____
 SURNAME **FIRST**

ADDRESS _____

TOWN **POSTAL CODE**

TELEPHONE _____ **DATE OF BIRTH** _____

E-MAIL ADDRESS _____

APPLICANT=S
SIGNATURE _____ **DATE** _____

N.V.A. MEMBER
SPONSOR _____ **DATE** _____

HOW LONG HAVE **PLEASE INDICATE**
YOU KNOWN APPLICANT _____ **RELATIVE OR FRIEND**

PLEASE NOTE: A COPY OF DISCHARGE PAPERS FROM A MEMBER OF YOUR FAMILY AND MEMBERSHIP FEE OF \$50.00 (INCLUDES H.S.T.) MUST BE INCLUDED WITH THIS APPLICATION.

DATED PASSED BY
EXECUTIVE _____ **GENERAL MEETING** _____

MEMBERSHIP CHAIRPERSON _____



Newmarket Veterans' Association

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NEWMARKET, ONTARIO L3Y 1Z9
(905) 895-7321

REGULAR MEMBERSHIP APPLICATION

NAME

SURNAME

FIRST

ADDRESS

TOWN

POSTAL CODE

TELEPHONE

DATE OF BIRTH

SERVICE DIV.

REGIMENTAL #

E-MAIL ADDRESS

APPLICANT=S

SIGNATURE

DATE

N.V.A. MEMBER

SPONSOR

DATE

HOW LONG HAVE YOU

KNOWN APPLICANT

PLEASE INDICATE

RELATIVE OR FRIEND

PLEASE NOTE: A COPY OF YOUR SERVICE DISCHARGE PAPERS AND THE MEMBERSHIP FEE OF \$50.00 (INCLUDES H.S.T.) MUST BE INCLUDED WITH THIS APPLICATION.

DATE PASSED BY

EXECUTIVE

GENERAL MEETING

MEMBERSHIP CHAIRPERSON

revised 02/2019



Newmarket Veterans' Association

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(905) 895-7321

SOCIAL MEMBERSHIP APPLICATION

NAME _____
SURNAME _____ **FIRST** _____

ADDRESS _____

TOWN _____ **POSTAL CODE** _____

TELEPHONE _____ **DATE OF BIRTH** _____

E-MAIL ADDRESS _____

APPLICANT=S
SIGNATURE _____ **DATE** _____

N.V.A. MEMBER
SPONSOR _____ **DATE** _____

HOW LONG HAVE YOU _____ **PLEASE INDICATE**
KNOWN APPLICANT _____ **RELATIVE OR FRIEND**

RULES & REGULATIONS

As a Social Member, I will be expected to assist the Association to the best of my ability. I am entitled to attend all General Meetings and I understand that I will have NO VOTE until I have completed five (5) consecutive years of membership. Upon default of my membership, I shall lose all privileges of the Association and cannot be signed in as a guest. Social Members must reside within a 30 mile radius of the Town of Newmarket and must be sponsored by a Regular or Associate Member. **The membership fee of \$60.00 (includes H.S.T.) must be included with this application.**

DATE PASSED BY
EXECUTIVE _____ **GENERAL MEETING** _____

MEMBERSHIP CHAIRPERSON _____