



Royal Canadian Naval Association
Sarnia Branch

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2017 AGM REGISTRATION FORM (please print)

Member

LAST NAME: _____ FIRST NAME: _____

Street Address: _____ City/Province: _____

Postal: _____ Phone: _____ Email: _____

Branch: _____ Position Held: _____

Guest

LAST NAME: _____ FIRST NAME: _____

Administration Fees

No. of Members: _____ X \$115 = _____

No. of Guests: _____ X \$90 = _____

Total = _____

Method of Travel: _____

Date/Time of Arrival: _____ Departure: _____

Note: please make payment by cheque or money order only, make cheques payable to the **RCNA Sarnia Branch**. For planning purposes, please return this form in the enclosed self-addressed envelope no later than 15 August 2017. Additional copies of this form are available on our website: www.rcnasarnia.com - Click the AGM link in the menu bar.