

THE AMPHION ALUMNI SOCIETY
MEMBERSHIP APPLICATION FORM

First Name:	
Last Name:	
Address:	
City:	
Province:	
Postal Code:	
Home Phone:	
Cell Phone:	
Email Address:	
Email Address 2:	
Membership Type:	Regular (Active/Former Officer/CI/Volunteer, ex-Cadet) Associate (Any interested person/supporter) Cadet (Active Cadet)
Date (dd/mm/yyyy):	

After completing the above form, save it and send it as an attachment to:

136amphionalumni@gmail.com

Keep Up-To-Date:

<https://www.facebook.com/groups/amphion.alumni>

<http://alumni.amphion.ca>

RCSCC Amphion Alumni Society
c/o Commanding Officer
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