



ROYAL CANADIAN MILITARY INSTITUTE

426 University Avenue Toronto Ontario Canada M5G 1S9

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www.rcmi.org

Application for Membership

To assist our Membership Committee please complete all applicable sections as completely as possible.

Title/Rank _____ Surname _____ Given Name _____ Middle _____

Home Address _____

City _____ Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Cell _____

Preferred Mailing:

Date of Birth D _____ M _____ Y _____ Home Business Electronic

Occupation / Profession _____ Mailing Title _____

Business / Firm Name _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Decorations _____ Academic / Professional Degrees _____

I am currently a Member in good standing of the following Clubs, Organizations, or Associations:

I, the undersigned member, am personally acquainted with the applicant and recommend him/her for Membership in the Royal Canadian Military Institute for the following reasons:

PROPOSER _____
Rank / Title Name and Initials Account # Signature

If you do not know a current member of the Royal Canadian Military Institute, please submit a letter of interest and resume with your application.

CONTINUED ON REVERSE SIDE

Military Service Background (if applicable)

Currently Serving or Retired

Rank	Unit	Country	Date of enrollment
COMPONENT: Regular	Primary Reserve	RCAF	RNC Army

Canadian applicants currently serving in the Police Forces, or in the Canadian Armed Forces Regular, or Reserve must have this area of the form completed and signed by their Commanding Officer.

Statement of the Commanding Officer

Applicants Name in Full	Rank	Service Number	Unit	Date of enrollment
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The above member is currently serving in my unit and is recommended for Membership in the RCMI.

Commanding Officer's Name and Rank	Unit	Signature	Date
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Other relevant information _____

Have you ever been a Member, or applied for Membership, in the Royal Canadian Military Institute? Yes No

If so, please provide details and dates _____

Are you interested in obtaining a **Spousal Privilege Card**? Yes No

If so, please provide your Spouse's full name _____

Are you interested in joining our Fitness Centre? Yes No

In applying for Membership in the Royal Canadian Military Institute, I undertake, if accepted, to abide by the By-Laws and House Rules of the RCMI.

My cheque in payment of my ENTRANCE FEE is attached or

Upon my acceptance, please charge my Credit Card (indicated below) for my ENTRANCE FEE & APPLICABLE ANNUAL FEES.

I hereby authorize the Royal Canadian Military Institute to charge my credit card listed below for my ANNUAL DONATION upon my acceptance as a Member. In addition, I authorize the Royal Canadian Military Institute to settle my monthly HOUSE ACCOUNT to this credit card in accordance with the current payment terms and conditions found in the By-Laws of the Institute. Annual Fees may be paid in installments.

VISA MasterCard American Express

Credit Card Number _____ Expiry Date _____

Privacy Policy

Your privacy is of the utmost importance to the RCMI. We collect personal information from our members such as name, address, date of birth, occupation, rank, type of membership, usage statistics and other information pertaining to your enjoyment of the RCMI. Information gathered by the RCMI is used for billing and internal promotions only. The RCMI is committed to protecting your personal information and will not distribute it to any third party organizations. If you do not wish the RCMI to use your personal information for internal purposes other than for membership billing, please indicate here.

Name of Applicant	Signature of Applicant	Date
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This Membership Application was approved by the Board of Directors of the Royal Canadian Military Institute on _____
Membership Number _____ Other _____

The Application was rejected because _____