



PRINCESS OF WALES' OWN REGIMENT
ASSOCIATION
APPLICATION FOR MEMBERSHIP

This information is required to update our database and maintain communication - please print clearly

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

*E-Mail Address: _____ Phone Number: _____

* E-mail is the preferred method of communication.
Please indicate if this is not available to you and your membership will be notated accordingly.

Military Service with the PWOR (please complete the following):

Dates served as a member of the PWOR: From _____ To _____

Highest rank attained _____ and/or

Affiliated with the PWOR: From _____ To _____

In what capacity was your service? _____

Other Military Service:

Branch of the service: _____

Dates served: From _____ To _____

Highest rank attained _____

If no previous military service, please outline briefly your interest in becoming a member of the PWOR Association:

Please forward this completed application form by mail or by hand to:

The PWOR Association
The Armoury
100 Montreal Street
Kingston, Ontario K7K 3E8

Please include a cheque/money order for the membership dues of:

One Year = \$15.00 or Two Years = \$25.00

Date submitted

Signature of Applicant