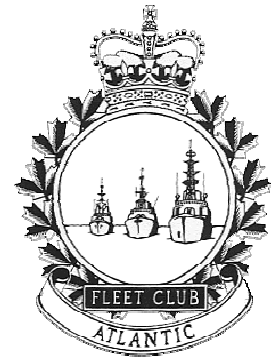


Fleet Club Atlantic

Application for Associate Membership



Card # _____ Dues Annually \$72.00

Name: _____
(please print)

Rank/Title: _____

Occupation: _____

Business Address: _____

Business Phone: _____

Residential Address: _____

Phone: _____

E-Mail: _____

Previous Military: Branch/Unit: _____ Date From: _____

Service: Rank: _____ To: _____

Type of Membership Requested:

Retired _____ Civilian Work Associate _____ Social _____

If a DND Civilian, Classification and Level: _____

Sponsored by an **ORDINARY MEMBER** :

Name: _____ Unit: _____

Rank: _____ Phone: _____

Applicant: _____
Signature and Date

Fleet Club Office

Membership approved by:	Date:
Applicant Notified by:	Date: