

## Víctoria College Veterans Association

## **Membership Application**

Category of Membership (Circle One):	: New	Renewal	
Name:			
First	Middle Initial	Last	
Date of Birth://		Student Id #	
Branch of Service:	_	Expected Graduation Date:/ Semester Year	
Major/Concentration:		Current G.P.A.	
Permanent/Mailing Address:	· ·	Home Phone Number () Mobile Phone Number ()	
Email Address:			
Are you interested in becoming activel  O Yes, I would like to become actively O Yes, I would like to become actively O No, I do not wish to be actively membership events and inform	y involved with the ctively involved, vo ctively involved, bu y involved, but do nation by regular m ed and have time to	wish to remain informed of VC Veterans Associanail and e-mail.  o devote would you like to hold a position? (Pleas	tion
President Vice President Secret	tary Treasurer	Public Relations Officer Master at Arms	
I would like to become a member of the this application completely and accurate		Veteran Association (VCSVA), and have filled o	ut
Applicant Signature:		Date:/	

The information contained within this document is privileged and private between Victoria College Veterans Association (to be identified further as VCSVA), the Applicant mentioned above, and Victoria College Student Activities staff. Information contained within this document will not be given to any third party in any way or by any means whatsoever without the express written permission of the applicant, unless circumstances arise that it is a legal requirement to do so, and under these circumstances the applicant or the applicant's parent or guardian if under the age of 18 yrs and The Victoria College will be notified accordingly.