

The Canadian Scottish Regimental Association
MEMBERSHIP APPLICATION



Surname:

Initial:

First:

Spouse:

Street Address:

City:

Province:

Country:

Postal Code:

Email:

Phone:

Military/Regimental Service:

Amount enclosed: \$

20.00 per year

Date:

For Membership year(s): 2025 ___ 2026 ___ 2027 ___

Please indicate which Branch to join.

Branch: Victoria ___

Nanaimo: ___

Please email this form to the Membership Director, membership.csra@gmail.com or mail this form to the address below.

For Payment:

You can send an E-transfer to csrassociation@outlook.com, or you can mail your Cheque to

The Canadian Scottish Regimental Association
2947 Tillicum Rd
P.O. Box 44180
Victoria, BC V8A 7K1

March 2025