



**MEMBERSHIP DUES & CONTACT INFORMATION**

College #:	Name:		
Rank / Title:	Service #:	CF1 #:	
Language preference: EN / FR	Regular Force: Y / N	Reserve Force: Y / N	
Date of Birth:	Address:		
City:	Province:	Postal Code:	Country:
Phone:	Cell phone:	E-mail:	
Entry College: RMC ___ CMR ___ RPMC ___	Entry Year		
Grad College: RMC ___ CMR ___ RPMC ___	Grad Year		
Spouse's name:	Spouse's College # (if applicable):		

**LIFE MEMBERSHIP PAYMENT OPTIONS**

**Single Payments or Preauthorized Monthly Debits (taxes not included) \*\***

Life Membership Old Brigade:	1 Payment \$500 or 12 months \$44 or 24 months \$22
Life Membership 1988 or earlier:	1 Payment \$600 or 12 months \$53 or 24 months \$27
Life Membership 1989 or later:	1 Payment \$720 or 12 months \$65 or 24 months \$33
Life Membership Student/Cadet:	1 Payment \$660 or 22 months \$30 or 33 months \$20

**ANNUAL MEMBERSHIP PAYMENT OPTIONS**

**Single Payments (taxes not included) \*\***

Annual Membership:	\$70
5 Year Annual Membership:	\$300

**FAMILY & FRIENDS MEMBERSHIP (taxes not included) \*\***

Family & Friends: 4-Year Membership	\$220
Family & Friends: 3-Year Membership	\$170
Family & Friends: 2-Year Membership	\$120
Family & Friends: 1-Year Membership	\$70

**\*\*Tax is based on the province or territory of your residence. Tax rates by province: Alberta 5%, British Columbia 12%, Manitoba 13%, New Brunswick 15%, Nova Scotia 15%, Nunavut 5%, Ontario 13%, Nfld & Labrador 15%, PEI 15%, Quebec 14.975%, Saskatchewan 11% & Yukon 5%**

**METHOD OF PAYMENT**

<b>Cheque</b>
<b>Credit card</b>
Single payment _____ Signature _____
Preauthorized monthly payments (30 <sup>th</sup> day of each month)
Start date (month / year): _____ Stop date (month / year): _____
MasterCard #: _____ Expiry date: _____ CSV: _____
Visa #: _____ Expiry date: _____ CSV: _____
Amex #: _____ Expiry date: _____ CSV: _____
<b>Military pay Deduction</b> Preauthorized monthly pay deduction (on the 15 <sup>th</sup> _____ or the 30 <sup>th</sup> _____)
<b>Bank Account</b> Preauthorized monthly payments (one payment per month)
Financial Institution: _____ Branch #: _____ Institution #: _____ Account #: _____
Address: _____ City: _____ Province: _____ Postal code: _____

**AUTHORIZATION**

I hereby authorize Canadian Forces Personnel and Family Support Services (CFPFSS),  
on behalf of the RMC Club of Canada,  
to withdraw monthly pay deductions or to process my monthly credit card payments.  
If I later decide to cease membership in the RMC Club, I must notify the Club, in writing, to cease such payments.  
I have read and understand the terms and conditions of this contract.

Customer's signature \_\_\_\_\_ Date: \_\_\_\_\_