

RUSI Membership Application Form

Royal United Services Institute of Nova Scotia

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Service Affiliation (including rank, decorations): _____

Business Association and address (if applicable): _____

The application should be proposed by a member of the institute and seconded by another. However, in cases where you do not know any member of RUSI (NS), you may send your application directly to:

Treasurer RUSI(NS)
Suite #151
PO Box 99000 Stn Forces
Halifax, NS B3K 5X5