



Membership Application Form

~New and Renewing Members ~

Please complete this form annually (for the purpose of updating our Membership database)

Dues ~ New or Renewing Member Dues - \$20 per Year (Widows do NOT pay Dues)

~ Member Information - Please Print Clearly ~

Type of Membership (Circle One): New Renewing Widow

Name _____ **Address** _____

City _____ **Province** _____ **Postal Code** _____

Telephone (Include Area Code) (____) _____ **Email Address** _____

Use my Email address to notify me of HKVCA events and newsletters. (circle one) Yes | No (By choosing yes, I understand I will not receive a paper copy of the newsletter by mail, but will be able to read our online version.)

~ Relationship to Veteran ~

Veteran's Name _____ **Regiment** _____ **Regimental Number** _____

Date of birth (if known) _____ **Date of death** (if known) _____

Relationship (Circle One) Widow Son/Daughter Brother/Sister Grandson/Granddaughter Friend

Other (Specify) _____

~Parent Region~

Choose which Region you wish to administer your membership (you will automatically receive Regional news (when published) in addition to the National newsletter)

Circle One Choice: Atlantic | Quebec | Ontario | Prairie | BC

~ Contact/Next of Kin information for Widow only

Name _____

Telephone (Include Area Code) _____

Make Cheque for Membership Dues (\$20.00) or Donations Payable to: **Hong Kong Veterans Commemorative Association** (use the full name)

Mail to: (choose appropriate address for your Parent Region from <https://www.hkvca.ca/contacts.php>)

(form updated: October 2025)