



CFB WAINWRIGHT MESSES

APPLICATION FOR ASSOCIATE MEMBERSHIP

Requested Mess of Associate Membership: _____ Date: _____

Applicant's Full Name: _____

Spouse Full Name (If Applicable): _____

Applicant Mailing Address (Including Postal Code): _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Preferred Email Address: _____

Applicant's Biographical Sketch: - To Be Completed By Sponsor:

Please include a brief description of the applicant- this may include things such as how long you've known the applicant, their background, your experience with the applicant and his relation to the mess, or if and why you think this member would be a good standing addition to the mess.

Sponsor's Name: _____ Rank: _____ Signature: _____

Phone Number: _____

President of the Mess Committee's Comments and Signature:

Application Accepted / Declined by Mess Committee on (Date) _____

PMC Name: _____ PMC Signature: _____

Please submit completed form to +WRT Mess Bookings or the Mess Administration Office
Humphreys.Lisa@cfmws.com