



St. John Ambulance Brigade  
**REGISTRATION OF A UNIT**

Annex A  
 to StJCI 2-8-2

Unit Name		Unit Number (new number issued by NHQ)
<input type="checkbox"/> Section attached to Division # _____ Area # _____	<input type="checkbox"/> Division <input type="checkbox"/> Division attached to Area # _____	<input type="checkbox"/> Area
Unit Address		
Council	<b>List of Members:</b> List all members in the section provided below. Use reverse if additional space is required. Attach completed Membership Forms for all members.	

Surname	Given Name	Date of Birth (DD/MM/YYYY)	Course Information	Remarks

Date of formation <table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 5px;">D</td><td style="padding: 0 5px;">D</td><td style="padding: 0 5px;">M</td><td style="padding: 0 5px;">M</td><td style="padding: 0 5px;">Y</td><td style="padding: 0 5px;">Y</td><td style="padding: 0 5px;">Y</td><td style="padding: 0 5px;">Y</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y									Proposed Unit Officer: _____
D	D	M	M	Y	Y	Y	Y										
Recommended by: _____ Provincial/Territorial Commissioner	Date: _____																

<b>Approval of Registration</b>	
National Commissioner: _____	Date: _____