Annex A
to StJCI 2-8-2

St. John Ambulance Brigade
REGISTRATION OF A UNIT

Unit Name		Unit Number (new number issued by NHQ)
❑ Section attached to Division # _____ Area # _____	❑ Division ❑ Division attached to Area # _____	❑ Area
Unit Address		
Council	**List of Members:** 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/YY)	Course Information	Remarks

Date of formation

D	D	M	M	Y	Y

Proposed Unit Officer: _____

Recommended by: _____ Date: _____
Provincial/Territorial Commissioner

Approval of Registration

National Commissioner: _____ Date: _____