Royal Australian Air Force Association

ACT Division
secactraafa@grapevine.com.au

APPLICATION FOR MEMBERSHIP

FAMILY NAME:_____ GIVEN NAME/S:_____

ADDRESS: _____ STATE_____

POSTCODE _____ Email: _____ Tel:_____

hereby apply for membership of the RAAF Association – ACT Division/Branch.

Name of Service, locations and units served in: _____

_____

Retired Rank: _____ Service No _____ Category/Mustering _____

Awards &decorations: _____

If not ex-member; spouse or other kin, aviation interest: _____

Subscription

Membership Subscription for the calendar year $45
Includes *Wings* (RAAF Assoc quarterly magazine) _____

TOTAL AMT

- Cheque or money order (made out to **RAAF Association ACT Division)** OR
- Credit card ☐ Bankcard ☐ Visa ☐ MasterCard **(tick box)**

CC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

Name on card …… Signature …….. Date……..

Note on privacy: Personal details are collected and maintained for the purposes of the membership data base. Information is not released to any other person or agency and is available for members to peruse if required. Credit card details are used only for the transaction on this form and are destroyed following crediting to the RAAF Association account by the merchant bank.