

PASTE STAMP SIZE
PHOTOGRAPH
(SELF)

For Membership Record

AIR FORCE ASSOCIATION

(Regn No. S/11186 dated 15 Sep 1980)

I request for accord of Life Membership of the "Air Force Association". I hereby promise to abide by the constitution and memorandum of the Association. My personal particulars are as follows :- (Application should be completed in Block letters only)

- (a) Full Name (Self) : _____
- (b) Wife of (Service No., Rank & Branch / Trade) : _____ / _____
- (c) Name & Initials (with decorations, if any) : _____
- (d) Date of birth : _____
- (e) Date of Commission/Enrolment : _____
- (f) Date of Retirement/Discharge : _____
- (g) Date of Death : _____
- (h) PPO No / DO letter No. : _____ dt _____
- (j) AFA Membership No. of Late Ex-Air Warrior : _____
- (k) Permanent Address (self) for Correspondence : _____

_____ Pin _____
 Tele No (STD Code): _____
 Mobile No. _____ E-Mail _____

- (l) Present Occupation (if employed) : _____
- (m) Next of Kin (Name & Relation) : _____

Date of Birth (NoK) _____
 Mobile / Contact No.(NoK) _____

- (n) Membership/Magazine Fee : *Rs. _____
 **Magazine Rs. _____

- (o) Subscription by local cheque at Par/Draft (Cheque / Draft for combined Amount) : Total Amt _____ Cheque No. _____ dt _____
 (in favour of "Air Force Association")

- (p) Any other information : _____

Note : (i) Please attach one additional stamp size "self" photo for issue of Life Membership Card. (Don't Paste).
 (ii) Payment by outstation cheque not accepted. (Only by draft or Cheque at Par, for 'out of Delhi' applicants.)

Place: _____

Date : _____

Signature _____

***LIFE MEMBERSHIP SUBSCRIPTION (For Widow of Non AFA Members)**

- 1. Officers & PBORs : Rs. ~~200/-~~ 700/-
- 2. NCs(E) : Rs. ~~100/-~~ 700/-

Life Memership for the widows of AFA members and of those who expired while in service is "Free of Cost"

****BI-ANNUAL MAGAZINE SUBSCRIPTION**

- 1. For Life Time : Rs. ~~500/-~~ 1000/-
- 2. For One year : Rs. ~~50/-~~ 80/-

FOR OFFICE USE ONLY

Life Membership No. _____

Life Membership & Magazine Subscription } _____

Total Amount Received _____ Receipt No. _____ dt _____

Signature of AFA Staff _____

SIGNATURE OF APPROVING AUTHORITY

Date : _____
Office Stamp

Signature
Secretary / Chief Admin Officer
Air Force Association (Head Office)