

APPLICATION FORM FOR MEMBERSHIP of the FLEET AIR ARM ASSOCIATION

I wish to apply for Membership of the **KENT BRANCH** of the Fleet Air Arm Association.

Full Name: -			
Address: -			
Town: -			
County: -			
Post Code: -			
Telephone: -			
Email address: -			
Date of Birth:	/	d a War Pension?	Yes / No
Service Details: -			
	Rank (o	n leaving)	
Trade: -		2,	
Served from: -	to		
Any other additional information, Ships, Stations, Squadrons, Units and the period served on or in them, <i>PLEASE USE REVERSE OF THIS FORM</i> . i.e. Victorious, AED, 63/64; Heron, 766 sqdn 54/55			
I AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION AND THE BRANCH			
I agree to the abov	e details being kept in a computer	file.	Yes / No
My address may b	e used for mailing purposes only,	this will not be	
disclosed without	your prior approval in writing.		Yes / No
My Service details nominal role of the	s and Service history may be publice Association. Please cross through above as appreciate the second control of the second control		Yes / No
	to goth an with injuring for of C10	Date	
Send completed form together with joining fee of £10			

Send completed form together with joining fee of £10 to Hon Secretary: Mike Foote, Kent FAAA, 8, Warwick Drive, Ramsgate, Kent, CT11 0JP (Cheques made payable to: KENT FLEET AIR ARM ASSOCIATION KENT BRANCH)