



ROYAL AUSTRALIAN AIR FORCE ASSOCIATION

QUEENSLAND DIVISION

APPLICATION FOR MEMBERSHIP

BRANCH NAME _____

Mr Mrs Miss Ms _____ **Nee** _____
(Please circle one as appropriate) Surname Christian Names Maiden Name (if applicable)

Address _____ **Postcode** _____

Phone Numbers **Home** _____ **Business** _____ **Mobile** _____

Email Address _____

Civil Occupation _____ **Date of Birth** _____

I hereby apply for membership of the RAAFA Qld Division in the following category.
(Please fill in details in **ONLY** one of the following options)

(1) Ex Service/Serving Member

Service in which served _____ **Service from** _____ **to** _____

Service Number _____ **If not known why** _____

Rank _____ **Service Mustering/Category** _____

Decorations/Awards _____

Countries where served _____

(2) Relatives of Ex Service or Serving Member

Wife/Widow/Husband/Daughter/Son/Parent

(Please circle applicable relative status)

Name of Relative _____ **Service Number** _____

We declare that the bona fides of the above applicant have been checked and found to be in order.

Proposer _____

Seconder _____

I declare the above information to be true and correct and I hereby agree, if admitted, to abide by the Constitution and the By-Laws of the Association.

I enclose \$: being my initial subscription.

Signature of Applicant _____ **Date** _____