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# *5 Squadron RNZAF Association*

## **APPLICATION FOR MEMBERSHIP**

SURNAME.....

GIVEN NAMES.....

ADDRESS.....

SUBURB.....

CITY..... COUNTRY.....

PO BOX..... MAIL CODE.....

TELEPHONE..... FAX NO.....

E-MAIL.....

LAST RANK HELD..... BRANCH/TRADE.....

SERVICE NO.....

YEAR RETIRED FROM RNZAF.....

The annual subscription is due on 1 October each year.

The amount is determined in August at the AGM (Currently \$15)

The information held is only to enable us to keep in contact with you. We do not give any details to anyone without your say so, but if you do not wish to give us some items that is OK.

Please complete the form and send it to:

**The Secretary**

**No 5 Squadron RNZAF Association**

**PO Box 272**

**West Park Village**

**West Harbour**

**Auckland**

**New Zealand**

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