



## THE ACA ASSOCIATE MEMBER APPLICATION FORM



SURNAME..... INITIALS ..... NICK NAME(S).....

Next of Kin NAME.....Relationship .....

ADDRESS 1:..... ADDRESS 2 :.....

ADDRESS3: ..... COUNTY :.....

POSTCODE : ..... PHONE: ... Mobile :...

E-MAIL ADDRESS:.....

Please provide a reason for your application to join the Association:

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### STANDING ORDER FORM **please ensure you sign at the bottom of form**

Please insert below the name and the full, correct postal address and POSTCODE of your Bank or Building Society **AND SIGN AT THE BOTTOM THEN – SEND TO YOUR BANK – SEND A TEXT/EMAIL TO THE ACA WEBMASTER TO CONFIRM SUBMISSION**

Name of BANK: .....

Address line 1 ..... Address line 2 .....

Town ..... County ..... Postcode .....

Account Name (s): .....

Sort Code: .... / ..... / ..... Account Number: .....

Payment Reference (Your ACA Member Name): .....

Please make payments and debit my/our account in accordance with the following instructions to:  
Lloyds Bank plc, Gosport, Hampshire PO12 1DE

Sort Code: **30-93-56** Account Number: **01312621** Account Name: **Aircrewmans Association**

Amount: **£20-00** (Twenty Pounds GBP) Frequency: **Annually on 1<sup>st</sup> January**, until further notice.

Date of first payment: **UPON RECEIPT**

**THIS INSTRUCTION CANCELS ALL AND ANY PREVIOUS INSTRUCTIONS IN FAVOUR OF OR IN RESPECT TO THE AIRCREWMANS ASSOCIATION**

**NAME:**

**SIGNATURE:**

**DATE:**

**ANY QUERIES TO: MEMBERSHIP, AIRCREWMANS ASSOCIATION**

**49 PARKLANDS WAY, SOMERTON, SOMERSET TA11 6JG or email: [membership@aircrewman.uk](mailto:membership@aircrewman.uk)**