



THE AIRCREWMANS ASSOCIATION FULL MEMBER APPLICATION FORM



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

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

ADDRESS 1:.....

ADDRESS 2:...

ADDRESS3 :.....

COUNTY :.....

POST CODE :...

PHONE:

Mobile:

E-MAIL ADDRESS:.....

ARE YOU SERVING? **YES:** Flying Course Number:

RATE:

NO: Flying Course Number: Year:

Qualifications (SAR/ASW/WASP/CDO:

Brief history of employment since leaving RN

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 – SEND TO YOUR BANK – SEND TEXT or 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 1st 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