



THE AIRCREWMANS ASSOCIATION APPLICATION FOR OVERSEAS MEMBERSHIP

SURNAME..... INITIALS

FIRST NAMES..... NICKNAME(S).....

Next of Kin NAME.....Relationship

ADDRESS 1..... ADDRESS 2

ADDRESS3 COUNTY

POSTCODE PHONE Mobile

E-MAIL ADDRESS:.....

RANK achieved in RN. UNIT.....COURSE No:.....

BRIEF SERVICE HISTORY & CURRENT OCCUPATION:

.....
STANDING ORDER FORM OPTIONS **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 WITH CONFIRMATION OF 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: **FULL**-£20-00 (Twenty Pounds GBP) **HALF** - £10 (Ten pounds GBP) (delete which does **NOT** apply) Half payments attract only 50% of Memorial Payment- See ACA Constitution.

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**