

Passport Size
Photograph of
Self in civil dress
(Do not paste)

(FORM TO BE FILLED IN CAPITAL LETTERS)

"Passport Size
Joint Photograph
with spouse in
civil dress
(Please Paste)

AFA BRANCH.....
AIR FORCE ASSOCIATION
(Regn No. S/11186 dated 15Sep1980)
Email: afaheadoffice@gmail.com Mob: 7011732270

Membership No:

I request for grant of life Membership of the "Air Force Association". I hereby undertake to abide by the constitution and Memorandum of the AF Association. My particulars are as follows.

1. Ser No, Rank & Branch/Trade _____
2. Name & Initials (Decorations, if any) _____
3. Education/ Professional Qualifications _____
4. Date of Birth _____
5. Date of Commission/ Enrolment _____
6. Date of Retirement/ Discharge _____
7. E-PPO No/Discharge Order No. (Attach Copy) _____
8. **Address**

Present Correspondence Address	Permanent Residential Address
_____	_____
_____	_____
_____	_____
Dist.....	Dist.....
State..... Pin.....	State..... Pin.....

9. 9.1. Email ID _____
- 9.2. Mob No. _____
10. 10.1. Name of Spouse with Date of Birth _____
- 10.2. Name of Second NOK with Date of Birth _____
- Email/ Contact No. (NOK) _____
11. AFA Membership Subscription Rs. _____
12. Subscription through Cheque/ NEFT/ Cash/ Card: Cheque/ DD/ UTR No. Dt. _____
- Cheque Drawn in favour of "**AIR FORCE ASSOCIATION**" Drawn on Bank _____ Branch _____
13. For online payment our bank A/c details Name of the Account Holder **AIR FORCE ASSOCIATION**
- Bank Name **Central Bank of India**
- Account No. **1204312218**
- IFSC Code **CBIN0283463**
14. Any other information

NO (R) NO EX-GRATIA WILL BE ADMISSIBLE TO MEMBERS (VETERAN/ SPOUSE) TAKING MEMBERSHIP FROM 01 APR 2026 ONWARDS

Place: _____
Date: _____

Signature

PTO

LIFE MEMBERSHIP SUBSCRIPTION

A. OFFICERS - Rs 6000/-	B. AIRMEN – Rs 3000/-	C. NCs (E) - Rs 1500/-
D. SPOUSE MEMBERS (If the late veteran was not a member) --- As per the category of the Veteran given above at A, B or C.		

FOR OFFICE USE ONLY

Life Membership

Total Amount Received Rs. _____ Receipt No. _____ Dated _____

Signature of AFA Staff

Signature of Data Feeding Staff

SIGNATURE OF APPROVING AUTHORITY