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**405 SQUADRON ASSOCIATION
MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Name |  |
| Rank (Indicate if Retired) |  |
| Phone Number |  |
| Address: |
| Primary Email |  |
| Secondary Email |  |
| What Years Were You On 405 Squadron |  |

 Please print this page and fill out the information above so that we can establish as complete a database of the Association members as possible. Then mail it with your **ONE-TIME** membership fee of **$25** to the address below (e-transfer is available)

**405 Squadron Association**

**C/O Greenwood Aviation Museum**

**P.O. Box 786**

**Greenwood, NS B0P 1N0 Canada**

**NOTE: Membership is free for WWII Veterans of the Squadron.**