415 SQUADRON ASSOCIATION MEMBERSHIP APPLICATION FORM

| Name | |
|----------------------|--|
| Rank (Indicate if | |
| Retired) | |
| Phone Number | |
| Address | |
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| | |
| | |
| Primary Email | |
| Secondary Email | |
| Years As A Swordfish | |

Please print this page and fill out the information above so that we can establish as complete a database of the Alumni members as possible. Then mail it with your membership fee of \$25 to the address below:

415 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.