**415 SQUADRON ASSOCIATION
MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Name |  |
| Rank (Indicate if Retired) |  |
| Phone Number |  |
| Address: |
| Primary Email |  |
| Secondary Email |  |
| What Years Were You On 415 Squadron |  |

**Option 1 - Mail + Cheque**

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**

**Option 2 – Email + Electronic Transfer**

On the Homepage go to “Contact” and send an email to the Association. In the message section, included the information requested above and add the comment “I wish to join the Association”. Your information will be provided to the Membership Coordinator and the Association Treasurer, who will provide the necessary information to complete your electronic transfer.

**Note 1.** Membership is restricted to past and serving members of 415 Squadron.

**Note 2.** Membership is free for WWII Veterans of the Squadron.