**415 SQAUDRON ASSOCIATION
MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
|  Name |  |
| Rank (Indicate if Retired) |  |
| Phone Number |  |
| Address |  |
| 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.