

No. 9 Squadron Association Inc.

MEMBERSHIP REGISTRATION

PRIVACY. The following information will be transmitted to a secure database accessible only by Office Bearers of the Association. Items marked with asterisks ** will allow you access to the Members Only area, subject to fee payment.

OFFLINE REGISTRATION. Print both Registration and Fee Payment forms for mailing to Assistant National Secretary, No 9 Squadron Association Inc., PO Box 635, GATTON, QLD, 4343.

Please refer to **Membership > Criteria** and provide the following information:

** Username: _____

*16 chrs max ! Alphabet or Numbers only -
DO NOT USE PUNCTUATION OF ANY KIND!*

** Date of Birth: _____

(ddmmyy - without dots, dashes, slashes)

Your Personal Details

First Name
(Nickname): _____

Partner: _____

Surname: _____

Title/Rank: _____

Decorations: _____
Service or Other: _____

9 Sqn or Affiliate
Unit: _____

Your Residential Details

Address: _____

Town/City: _____

State/Province: _____

Post/Zipcode: _____

Country: _____

Deceased Relative Details

(Complete this section also for
membership entitlement based on kinship)

GivenNames: _____

Surname: _____

Rank: _____

Decorations: _____
Service: _____

9 Sqn or Affiliate
Unit: _____

Your Contact Details

Telephones: Home: _____

Other: _____

Mobile: _____

Facsilile: _____

Email: _____

Please insert own, family or friend's email address

Your Personal Background

(Please also print Fee Payment form for mailing to Assistant National Secretary)