



656 Squadron Association Membership
Application Form

| | |
|---|--|
| Surname (required) | |
| First Names (required) | |
| Rank/Title (required) | |
| Decorations | |
| Answers To | |
| Current Regiment/Corps/Unit if still serving | |
| Present Home Address | |
| Post Code (required) | |
| Phone No (required) Ex-Directory (Select 'Yes' to withhold your numbers from other members) YES/NO | |
| Mobile/Work Phone Number | |
| Alternate Contact Address | |
| Email Address (s) Primary (required) | |
| Alternate E-mail | |
| 656 SQUADRON SERVICE DETAILS Dates - From/To | |
| 656 Flights/Workshops/Units Served With | |
| Locations | |
| Your parent Regt/Corps at the time | |

| | |
|---|--------|
| Comments | |
| Family members & Associates please give relationship details (ie wife of....., son of.....) or Associate reason | |
| I have read and agree to the Terms and Conditions and Privacy Policy . | YES/NO |

Please print this form and post with the appropriate subscription fee to the Membership Secretary. Thank you.