

(FORM TO BE FILLED IN CAPITAL LETTERS ONLY)

**SPOUSE**

# AIR FORCE ASSOCIATION

(Regn No. S/11186/dated 15 Sep 1980)

PASSPORT SIZE  
PHOTOGRAPH

## AFA LIFE MEMBERSHIP APPLICATION : SPOUSE

I request you for a grant of Life Membership of the "Air Force Association". My particulars are as follows:

SERVICE NUMBER	
RANK	
NAME & INITIAL	
DATE OF BIRTH (Air Veteran)	
DATE OF COMMISSION / ENROLMENT	
DATE OF DISCHARGE/RETIREMENT	
DATE OF DEATH	
LMS NUMBER	
PRESENT CORRESPONDENCE ADDRESS	PERMANENT CORRESPONDENCE ADDRESS
Dist: State:	Dist: State:
PIN:	PIN:
MOBILE NUMBER	
E. MAIL ID	
NAME OF SPOUSE	
DATE OF BIRTH OF SPOUSE	
NAME OF NEXT OF SKIN (If applicable)	
RELATIONSHIP (Son or Daughter)	
PPO NUMBER	
I hereby certify that as a member I will abide by the constitution of the AF Association.	
Date:	Signature
(FOR OFFICE USE ONLY)	
Membership Fee:	
DD / Cheque No.:	Date:
AFA TN Receipt No.:	Date:

**TN Regn No:**

**LMS NO:**

*Signature of AFA Staff*

*Signature of Approving Authority*

*Date:*

*Secretary*  
*AFA Tamil Nadu Branch*

**PTO**

## **LIFE MEMBERSHIP FEE DATAILS**

- Widow of an AFA Member : **NIL**
- Widow of an Air Warrior who died in Harness (Offr / Men) : **NIL**
- **Widow of an Air Veteran who was Non-AFA Member** : **Rs 700/-**

## **DOCUMENTS**

Attach a Copy of Following Documents:

1. Widow Identity Card
2. Air Veteran's Death Certificate
3. Air Veterans LMS Card

## **FOR ONLINE TRANSFER or CHEQUE PAYMENT:**

1. Account holder Name : Air Force Association Tamil Nadu Branch  
Bank : State Bank of India  
Branch : Air Force Station Tambaram  
Account Number : **30003618136**  
IFSC : **SBIN0002186**
2. DD/ Cheque ( *if applicable* ) to be drawn in Favour of "**Air Force Association, Tamil Nadu Branch**", payable at **Chennai**.

