

ACA CYPRUS MEMBERSHIP APPLICATION

SECTION 1 - PERSONAL INFORMATION

RANK/TITLE: SURNAME: INITIALS:
FIRST NAME: KNOWN AS: DOB:
WIFE/PARTNER'S NAME AND SURNAME (IF DIFFERENT):
DECORATIONS: EMAIL ADDRESS:
ADDRESS:
.....
..... POST CODE:
TEL NO: MOBILE NO: FAX NO:

SECTION 2 – DETAILS OF MILITARY SERVICE

PARENT SERVICE: RANK ACHIEVED:
AIRCREW CATEGORY: SERVICE NO:
AIRCREW TRAINING SCHOOLS:
SQUADRON AIRCRAFT TYPES FLOWN:
SQUADRONS:

SECTION 3 – DETAILS OF POST-MILITARY CAREER

COMPANY:	DATES:
POSITION:	DATES:
POSITION:	DATES:
COMPANY:	DATES:
POSITION:	DATES:
POSITION:	DATES:
COMPANY:	DATES:
POSITION:	DATES:
POSITION:	DATES:
COMPANY:	DATES:
POSITION:	DATES:
POSITION:	DATES:

SECTION 4 – DATA PROTECTION STATEMENT

I HAVE READ THE ACA CYPRUS POLICY FOR DATA PROTECTION AND I HAVE NO OBJECTION TO THE ASSOCIATION HOLDING AND USING MY PERSONAL DATA TO FACILITATE THE ADMINISTRATION OF THE ASSOCIATION.

SIGNED..... DATE.....

NAME.....

DISCLAIMER

PARTICIPATION IN ALL AND ANY ACA CYPRUS ACTIVITY IS UNDERTAKEN AT THE MEMBER’S OWN RISK AND NEITHER THE ACA CYPRUS, NOR ITS OFFICERS AND ORGANISERS CAN BE HELD RESPONSIBLE FOR ANY INJURIES/MISHAPS HOWEVER OCCASIONED.

FOR OFFICE USE ONLY

DATE RECEIVED: MEMBERSHIP FEE PAID:

RECEIPT NO: MEMBERSHIP - FULL/ASSOCIATE: