



Application Form
Canadian Airborne Forces Association

FOR SECRETARIATE USE

CAFA No. _____

Receipt No. _____

Card _____ Pin _____

Rcd. No. _____

Regular membership: (proof of military parachute qualification to accompany application form.)

Please Print

1. Surname: _____ Given Name _____
2. Mailing Address: _____
3. City or Town: _____ Province _____ Postal Code _____
4. Phone: _____ Fax: _____ E-mail: _____
5. Unit served in: _____
6. Date of military parachute qualification: _____
7. How do you wish your name to appear on membership card: _____
8. New Member: _____ Renewals, please include your CAFA # _____
9. Associate membership: _____

Associate Membership:

Persons interested in furthering the objectives of the Corporation whose application for admission as an associate member will require the approval of the Corporation or an appropriate branch. (Please attach such information as you wish to support your application.) If applying for an associate membership, use the application form above but designate that it is for associate membership in section 9.

Membership fees enclosed ___ \$20.00 for 1 year ___ \$55.00 for 3 years ___ \$100.00 for 6 years ___

Members residing in United States, add \$7.50 per year, overseas members add \$15.00 per year for Maroon Beret postage cost.

Return completed Application Form along with cheque or money order made out to (Canadian Airborne Forces Association) and mail to.

Malcolm Hallick:

CAFA Treasurer

34 Sage Cr. Nepean, On. K2J 1T4

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