

Passport Size  
Photograph of self  
in civil dress  
(DO NOT PASTE)

(FORM TO BE FILLED IN CAPITAL LETTERS)

"Passport Size  
Joint  
Photograph with  
spouse in civil  
dress (Please  
Paste)

**AFA ODISHA BRANCH**

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

Membership No: \_\_\_\_\_

I request for grant of life Membership of the "Air Force Association". I hereby undertake to abide by the constitution and memorandum of the AF Association. My particulars are as follows.

- (a) Ser No., Rank & Branch/Trade : \_\_\_\_\_  
(b) Name & Initials (Decorations, if any) : \_\_\_\_\_  
(c) Education/Professional Qualification : \_\_\_\_\_  
(d) Date of Birth : \_\_\_\_\_  
(e) Date of Commission/Enrolment : \_\_\_\_\_  
(f) Date of Retirement/Discharge : \_\_\_\_\_  
(g) E-PPO No/Discharge Order No.(Attach Copy) : \_\_\_\_\_  
(h) Address : \_\_\_\_\_

Present Correspondence Address	Permanent Residential Address
.....	.....
.....	.....
.....	.....
Dist .....	Dist .....
State : .....Pin.....	State : .....Pin.....

- (i) (i) Email ID : \_\_\_\_\_  
(ii) Mob No : \_\_\_\_\_  
(j) (I) Name of Spouse with Date of Birth : \_\_\_\_\_  
(II) Name of Second NOK with Date of Birth : \_\_\_\_\_

E-mail/ Contact No.(NOK) \_\_\_\_\_

(k) AFA Membership Subscription/ Rs. \_\_\_\_\_

(l) Subscription through Cheque /NEFT /Cash/ Card: Cheque/DD/UTR No. \_\_\_\_\_ Dt \_\_\_\_\_  
(Cheque Drawn in favour of **AIR FORCE ASSOCIATION ORISSA BRANCH** \_\_\_\_\_ Branch \_\_\_\_\_)

(m) For Online Payment Our Bank A/c Details Name of the Account Holder: **AIR FORCE ASSOCIATION ORISSA BRANCH**  
Bank Name : **Punjab National Bank**  
Account No : **4188000100142243**  
IFSC Code : **PUNB0766300**

(n) Any other information : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

**LIFE MEMBERSHIP SUBSCRIPTION**

1. Officers : Rs. 6000/- 2. Airmen : Rs. 3000/-  
3. NCs(E) : Rs. 1500/- 4. Widows of Non AFA Members: Rs. As SI No. 1,2&3

**FOR OFFICE USE ONLY**

Life Membership/ Total Amount Received Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ dated \_\_\_\_\_

Signature of AFA Staff

Signature of Data Feeding Staff

**SIGNATURE OF APPROVING AUTHORITY**