



**447 (City of Hamilton) Wing  
ROYAL CANADIAN AIR FORCE ASSOCIATION**

**APPLICATION FOR MEMBERSHIP**

**I, \_\_\_\_\_ hereby make application for membership  
in the RCAFA with affiliation to 447 City of Hamilton RCAFA Wing**

**I am willing & prepared to follow the Aims and Objectives of the RCAFA as  
laid out in the Constitution and By-Laws. I am willing to actively Volunteer  
and support the RCAFA (447 City of Hamilton) Wing.**

**ADDRESS \_\_\_\_\_**

\_\_\_\_\_

**PHONE # \_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_**

**PRESENT/PRIOR SERVICE/ CIVIL AVIATION (OPTIONAL)**

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**I CONSENT TO THE USE OF & SHARING OF PERSONAL CONTACT  
INFORMATION WITHIN THE RCAFA ONLY.**

**SIGNATURE (APPLICANT) \_\_\_\_\_ DATE \_\_\_\_\_**

**SIGNATURE (SPONSOR) \_\_\_\_\_ DATE \_\_\_\_\_**

**UPON ACCEPTANCE**

**SIGNATURE OF CHAIR \_\_\_\_\_**

**SIGNATURE OF MEMBERSHIP DIRECTOR \_\_\_\_\_**