

**RETIRED AIR FORCE OFFICERS ASSOCIATION. (RAFOA)**

c/o Sri Lanka Air Force, P.O. BOX 594, Colombo.

**Application form for membership**

as per Section 3 of the constitution

**1. Name in Full :**.....

**2. Rank :**.....

**3. Address :** .....  
.....  
.....

**Tele:** ..... ..

**4. Present Occupation. (If Any)** .....

**5. Regular/Volunteer.**                      **Service No:**..... **NIC Number:**.....

**6. Date of Commissioning:** .....                      **Branch:** .....

**7. Date of Retirement/Leaving:**.....

**8. I enclose cash** ..... **Cheque No:** .....  
**For** .....

Enrollment Fee Rs:1000/= Full membership.  
"                      " Rs: 500/= Associate membership.  
Membership Fee Rs: 250/= Per year. For both categories  
Life membership Rs: 1000/= For both categories.

**Please make cheques to “Retired Air Force Officers Association”.**

.....  
**Signature of Applicant**

**APPLICATION FOR MEMBERSHIP RETIRED AIRFORCE OFFICERS ASSOCIATION**

1.Full Name of Applicant:  
(In Block Capital)


2.Rank at Retirement:

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3.Permanent Address:


4.e-mail Address:

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5.Official Address:  
(If any)


6.Telephone No **Official:**  
**Residence:**


7.Date of Enlistment:

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 (DD/MM/YYYY)

8.Date of Retirement:

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 (DD/MM/YYYY)

9.Total Service:

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 (YY/MM)

10.Comissioned Service:

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 (YY/MM)

2 Colour  
Photographs  
(Size 1’’\*1.5’’)

11.National ID No/Passport No:

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I certify that the aforesaid details are correct. Further ,I here by undertake to return the membership card at any time I am instructed to do so by the SLAF.

.....  
Signature of Applicant

Date: 

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1.Full Membership 2.Associate Membership 3.honorary Membership Granted subject to clearance by the SLAF.

.....  
President RAFOA

Date: 

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Issue of RAFOA Membership card Approved/Not Approved.

Card No:.....

Date: .....