



COMMEMORATIVE AIR FORCE NEW ZEALAND WING INC. MEMBERSHIP APPLICATION FORM

FIRST NAMES(S): _____

SURNAME: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

COUNTRY: _____

TELEPHONE (BUS.): _____ HOME: _____

CELLPHONE: _____ FAX: _____

E-MAIL: _____ BIRTH DATE: _____

OCCUPATION: _____ CAF No: _____

STATE OTHER ORGANISATIONS THAT YOU HAVE PREVIOUSLY BEEN OR CURRENTLY ASSOCIATED WITH: _____

DO YOU HAVE PREVIOUS MILITARY EXPERIENCE: Y/N IF YES PLEASE GIVE DETAILS:

WOULD YOU BE AVAILABLE TO ASSIST WITH WING ACTIVITIES? YES/ NO
IF YES PLEASE TICK THE APPROPRIATE BOX.

- | | | | |
|------------------|-----|------------------------------------|-----|
| ADMINISTRATION | () | AIRCRAFT RESTORATION & MAINTENANCE | () |
| BASE MAINTENANCE | () | FLYING OPERATIONS | () |
| MUSEUM EXHIBITS | () | RE-ENACTMENT | () |
| MILITARY BAND | () | VEHICLE RESTORATION & MAINTENANCE | () |
| FIRE SECTION | () | SPECIAL DISPLAY PARACHUTE | () |

OTHER (PLEASE STATE) _____

IF YOU ARE WISHING TO BE INVOLVED IN OUR MILITARY RE-ENACTMENT ACTIVITIES PLEASE ENTER OR CIRCLE THE DETAILS BELOW:

DO YOU HAVE A CURRENT FIREARMS LICENCE: Y/N LICENCE NUMBER: _____
STATE WHICH CATEGORIES: A B C E

DO YOU HAVE ANY CONVICTIONS THAT MAY PROHIBIT YOUR LEGAL USE OF FIREARMS Y/N
IF YES, PLEASE GIVE DETAILS: _____

DO YOU ALREADY HAVE MILITARY EQUIPMENT RELEVANT TO THE UNITS BEING DEPICTED?
EG UNIFORMS, WEAPONS, VEHICLES OR OTHER EQUIPMENT: _____

UNITS OF PREFERENCE: 1. _____ 2. _____ 3. _____

AIMS AND OBJECTIVES

- (A) TO PROMOTE, AND ACTIVELY SUPPORT THE RULES AND OBJECTIVES OF THE **COMMEMORATIVE AIR FORCE INCORPORATED** IN DALLAS, TEXAS IN ACCORDANCE WITH THE PROVISIONS OF THE WING CHARTER ISSUED BY **COMMEMORATIVE AIR FORCE INCORPORATED, DALLAS, TEXAS**; AND TO ASSIST IN THE ESTABLISHMENT, DEVELOPMENT AND ONGOING MAINTENANCE OF A MILITARY HERITAGE MUSEUM IN NEW ZEALAND.
- (B) TO RENDER SUPPORT TO A **COMMEMORATIVE AIR FORCE** MILITARY HERITAGE MUSEUM IN NEW ZEALAND, BY THE ACQUISITION, RESTORATION AND PRESERVATION IN **OPERATIONAL OR STATIC CONDITION** OF A COLLECTION OF EX MILITARY AIRCRAFT, VEHICLES, WEAPONRY, UNIFORMS, OTHER EQUIPMENT AND MEMORABILIA EITHER MILITARY, OR CIVILIAN OF HISTORICAL INTEREST, FOR THE EDUCATION AND ENJOYMENT OF PRESENT AND FUTURE GENERATIONS.
- (C) TO RENDER SUPPORT TO AND ENCOURAGEMENT OF "LIVE ACTION", ACTIVE, OR PASSIVE DISPLAYS AND RE-ENACTMENTS UTILIZING AVIATION, VEHICLES, WEAPONRY, FIRE PROTECTION, PARACHUTE DISPLAY, THE **COMMEMORATIVE AIR FORCE MILITARY RE-ENACTMENT DIVISIONS** AND THE **COMMEMORATIVE AIR FORCE BAND**, ANY OF WHICH SHALL HAVE THE CAPACITY TO MOUNT DISPLAYS ANYWHERE REPRESENTING AIR, LAND AND /OR SEA MILITARY AND/ OR CIVILIAN UNITS, UTILIZING ALL AVAILABLE ASSETS OF THE MUSEUM AND/OR **COMMEMORATIVE AIR FORCE** MEMBERSHIP AND/OR OTHER ASSOCIATES, AS DEEMED APPROPRIATE.
- (D) TO SUPPORT THE CONSTRUCTION, ACQUISITION AND MAINTENANCE OF SUITABLE ACCOMMODATION FOR A **COMMEMORATIVE AIR FORCE** MILITARY HERITAGE MUSEUM INCORPORATING OPERATIONAL AND STATIC EXHIBITS, DISPLAY AREAS, WORKSHOPS AND STORAGE AREAS, EDUCATIONAL LECTURE ROOMS, LIBRARY FACILITIES AND ADMINISTRATION OFFICES IN NEW ZEALAND FOR THE PERMANENT PROTECTION, MAINTENANCE, RESTORATION AND DISPLAY OF THE MUSEUM'S AND/OR **COMMEMORATIVE AIR FORCE** MEMBERSHIP AND/OR ASSOCIATE'S ASSETS AS DEEMED APPROPRIATE.
- (E) TO ESTABLISH AN ORGANISATION HAVING THE DEDICATION, ENTHUSIASM AND ESPRIT DE CORPS NECESSARY TO OPERATE, MAINTAIN AND PRESERVE THE MUSEUM'S ASSETS AS SYMBOLS OF OUR NATIONAL HERITAGE.

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I WILL GIVE MY FULL SUPPORT TO THE AIMS AND OBJECTIVES; AND ABIDE BY THE **COMMEMORATIVE AIR FORCE NEW ZEALAND WING INCORPORATED (CAF)** RULES. I UNDERSTAND MY BRINGING THE CAF INTO DISREPUTE MAY RESULT IN MY DISMISSAL FROM THE CAF.

SIGNATURE OF APPLICANT: _____

DATE: ___/___/___ MEMBERSHIP: _____ DUES ATTACHED: _____

THREE REFEREES REQUIRED:

NAMES: _____

PHONE: _____

SIGNATURE: _____

OFFICE USE ONLY:	
DATE PAID: _____	DATE: _____
DATE ENTERED ONTO ROSTER: _____	ACCEPTED (ON BEHALF GENERAL STAFF: _____
MEMBERSHIP NUMBER: _____	DATE: _____
RECRUIT FURNISHED WITH : MEMBERSHIP CARD Y/N STANDING ORDERS AND RULES Y/N UNIFORM AND EQUIPMENT LIST Y/N	RECRUITED BY: _____

PLEASE POST THIS COMPLETED MEMBERSHIP APPLICATION FORM WITH ANNUAL DUES CHEQUE TO
COMMEMORATIVE AIR FORCE NEW ZEALAND WING INCORPORATED
 BOX 35-716, BROWNS BAY, AUCKLAND 0753, NEW ZEALAND