PARATROOPER VETERANS ORGANISATION (PVO)

KwaZulu-Natal Canopy

ESTABLISHED 2015

Membership Application

FULL NAME					
SURNAME					
RESIDENTIAL / POSTAL ADDRESS					
	Province:	City:		Postal Code:	
EMAIL ADDRESS					
CONTACT NUMBERS	CELLPHONE:		LANDLINE:		
DATE OF BIRTH		ID NO.			
WIFE'S / PARTNER'S NAME			WIFE'S / PARTNER'S CONTACT NUMBER		
MEMBERSHIP OF OTHER MILITARY ORGANISATIONS					
OCCUPATION					
HOBBIES AND EXTRAMURAL ACTIVITIES					
PROFFESIONAL AND OTHER ASSISTANCE YOU MIGHT WISH TO ADVERTISE					
MILITARY SERVICE RECORDS					
FORCE NUMBER			YEAR QUALIFIED		
UNIT QUALIFIED			HANGER INSTR		
JUMP COURSE NO		START DATE OF JUMP COURSE		END DATE OF JUMP COURSE	
UNITS SERVED UNDER					
DECLARATION: I HEREBY ACCEPT THAT IF MY MEMBERSHIP IS APPROVED, I WILL ABIDE BY THE CONSTITUTION OF THE CANOPY					
APPLICANTS SIGNATURE		DATE:			
EMAIL TO KEVIN RHODES secretary@parabatkzn.org.za					