

Return this form to:

Mrs Christine Cornish
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Membership Application Form

I hereby apply for membership of the Army Widows' Association:

Life Membership - Recently bereaved (since 1981) while spouse still serving

I enclose a cheque for £15 in payment of Life Membership subscription.

Associate Life Membership - Bereaved after spouse retired (since 1981)

I enclose a cheque for £15 in payment of Associate Life Membership

I am: Widow/widower/recognised partner of a serving/retired member of the Army, TA or Reserve Forces*
(please circle the appropriate statement).

Please make your cheque payable to the Army Widows' Association.

If you are returning the Membership/Subscription form along with the Contact details form there is no need to duplicate your contact information other than giving us your name and signing the form please:

Applicant's Details:

Surname:	
Forename(s):	
Date of Birth:	Address:
	Postcode:
Telephone:	Email:
Names of Children + Date of Birth:	

Spouse/partner's details:

Surname:	
Forename(s):	
Regt/Corps/Branch:	Deceased date:
Cause of death:	
Preferred method of contact:	Names of Children + Date of Birth:

For Associate Membership date of:

Retirement from service:	
Signature:	Date: