

# HMS COSSACK ASSOCIATION



**L03**

**APPLICATION FOR MEMBERSHIP**

**D57**

Membership required (mark "X" in box)	Full Member	Associate Member (Family)	Associate Member (other)
Surname			
Forenames			
Title			Decorations
Full Postal Address including Post Code			
Phone Number			E-mail address
Years in COSSACK	Date joined: Date left:	Rank or Rate when in COSSACK	
If applying for Associate Membership, please state connections:			
If you know of any others who served in COSSACK who are not members of the Association, please give their names and addresses:			
Please give details of your RN service on the back of this form (Ship/Establishment, Date from, Date to, Rank/Rate for each Ship or Establishment) and include your official number or send a photocopy of your Service Certificate.			

**NOTE:** A subscription of **£10.00** is payable on joining and then annually (except for full L03 members) on 1st May each year.

Please complete this form and return, together with a cheque for subscriptions made payable to "**HMS COSSACK ASSOCIATION**" to:

D.G. Parkinson  
2 Will Hall Close  
Alton  
Hants GU34 1QP