

THE BRITISH BERLIN AIRLIFT ASSOCIATION.

Application for membership

AIM

1. The aim of the Association is to foster in a practical form the spirit of comradeship and co-operation found in those who were involved, directly or indirectly, in the Berlin Airlift 1948-49.
2. In addition, to establish and maintain close contact with the following foreign and Commonwealth Organisations :-
 - The Airlift Gratitude Foundation, Berlin.
 - The Allied Museum Berlin.
 - The Airlift Museum, Fassberg.
 - South African Berlin Airlift Reunion.
 - The Australian Airlift Association.
 - The New Zealand Airlift Association.
 - The American Airlift Veterans Association.
 - The Berlin Airlift Historical Foundation, USA.

MEMBERSHIP

3. Anyone whether Service or Civilian, who served on the Berlin Airlift between June 1948 & October 1949, whether directly or indirectly, in whatever capacity is eligible for membership of the association. This will embrace those who participated in Operation Knicker, Carter Paterson and Plainfare.
4. There shall be three categories of membership as follows:-
 - a) Full membership – available to those who took part in the Airlift.
 - b) Associate membership- available to Airlift Historians, widows & family members of Airlift personnel together with all those with a special interest in the Airlift.
 - c) Honorary members- who will receive the full benefits of the Association, but will pay no membership fee. This category is only available at the invitation of the BBAA.
5. The membership subscription is £15.00 payable on the 1st of January each year, the preferred method of payment being by Bankers Standing Order, payable to: British Berlin Airlift Association. Lloyds TSB Bank PLC, Maidenhead. Account No.1223532, sort code 30-95-36.
Please fill in the details below & send to :-
BBAA Secretary, John H. Collier, 188 Station Road, Cropston, Leicester, LE7 7HF.

I wish to join the British Berlin Airlift Association.	If you served on the Airlift please give details
Surname.....	Berlin Airlift Service
Christian Name.....	Squadron or Unit.....
Address.....	Location.....
.....	Duties.....
Title...Mr, Miss, Mrs, Ms or Rank.....	
Full Telephone No.....	Dates of Airlift Service.....
Email address.....	
Signed.....	Date.....
Membership category applied for – please tick.	
Full Member Associate Member	

PLEASE ENCLOSE CHEQUE FOR FIRST PAYMENT.