

Central Coast Model Aero Club

Membership Application / Renewal

Given Name: _____ Surname: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

Aus Number (MAAA) (If available): _____

Fixed Wing Accreditation (Instructor / Gold / Silver / Bronze) _____

Helicopter Accreditation (Instructor / Gold / Silver / Bronze) _____

Multicopter Accreditation (Instructor / Gold / Silver / Bronze) _____

Fees:

Full Member \$180 Junior \$80 Associate \$80

Joining Fee \$30 Late Payment \$30 Total Due \$ _____

Agreement:

I, the undersigned, apply for membership of the Central Coast Model Aero Club and, as a condition of my membership, agree to comply with the club's regulations.

Signature: _____ Date: _____

For New Members

Member Nominating (sign and date): _____

Member Seconding (sign and date): _____

For Members of Another Model Flying Club (Associate Members)

Club: _____

MAAA Number: _____