

Central Coast Model Aero Club

Membership Application / Renewal

2020/21

Given Name: _____ Surname: _____

Address: _____ Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Date of Birth: _____

For Current Members

Transmitter Frequencies: _____, _____ 2.4 Ghz Yes / No Mode: 1 / 2

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

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

Multi-rotor Accreditation: (Instructor / Gold / Silver)

For Members of Another Model Flying Club (Associate Members)

Club: _____ Current: Yes/No

Year Joined: _____ MAAA Number: _____

Fees

Full Member: \$235 Junior: \$45 Associate: \$100

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

Please Note: Members are encouraged to pay by Electronic Funds Transfer where possible.
(For CCMAC bank account details contact the Secretary or Treasurer)

Agreement

I, the undersigned, hereby apply for membership of the Central Coast Model Aero Club and, as a condition of my membership, agree to comply at all times with all Club Rules and Regulations.

Signature of Applicant: _____ Date _____

(Club Use)

Payment Confirmed By Treasurer: _____ Date: _____ (Cash/Cheque/EFT)

Details Forwarded to MAAA by Secretary: _____ Date: _____

