

Central Coast Model Aero Club

Membership Application / Renewal

(To Be Forwarded With Payment To Club Treasurer)

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: \$200 Junior: \$30 Associate: \$100

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

Please Note: Applicants wishing to pay by Electronic Funds Transfer (EFT) are asked to use an alternative form containing internet banking details available at the club.

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: _____

