

**Maryborough Aeromodellers Club Inc**

Membership Application Form

**MEMBERSHIP APPLICATION**

**Applicants Details:** (please print Clearly)

P.O.Box 60 Maryborough 4650

**Bank Details:** Auswide bank

**Account Name:** Maryborough Aeromodellers Club Inc

**BSB:** 656400 **Account Number:** 1947338

**Membership forms are to be returned along with payment to the club registrar. If paying by direct deposit a membership form is required.**

**Surname:**----- **First Name:**-----

**Residential Address:**----- **Post Code:**-----

**Postal Address:**----- **Post Code:**-----  
(if different from above)

**Phone:** ( )----- **Mobile:**----- **Date of Birth:**-----

**Email:**----- **AUS number:**-----  
(please print clearly)

**Please circle** if you have a wings rating: **Bronze / Gold**

**Please circle and provide your number** if you are an **Instructor**-----

**Blue Card:** YES / NO **Expiry Date:**-----

**Heavy Model Inspector**-----, **Turbine Inspector**-----

**Are you willing to help with working bee's and any club run event** Yes / No

**Radio information Please circle:** **2.4** or **36meg** or **both**

**Declaration by Applicant:**

I-----certify that the information given by me is correct and hereby make application for membership of Maryborough Aeromodellers Club Inc and undertake to conduct myself in accordance with the Constitution, by-laws and rules of the club. I understand and accept that there are some inherent risks in flying model air craft and if any directions are not followed and/or if common sense is not used then injuries can occur, and I hereby consent to the application of first aid in the event of injury. I agree to the provision of the above information to MAAA and to my contact details being used by MAAA, MAAQ, and MAC Inc for communication purposes. I also consent to the collection of personal images (photos) and results and acknowledge that they may be used for publication and promotional purposes.

**I enclose the required fee of \$**----- **Date:**-----

**Direct deposit of \$**----- **Date:**-----

**Signature of Applicant or Parent/Guardian** (If applicant is under 18)-----

**Proposer:**----- **Date:**-----

**Seconder:**----- **Date:**-----

**Office Use only:**

Membership accepted: Yes / No **Joining Date:** ----/----/---- **Membership Number:**-----

**Total Paid:** (S) (P) (J) (A) \$----- **Entered on database:** Yes / No. **Date:** ----/----/----

**Receipt Number:**----- **Information passed on to secretary:** Yes / No. **Date:** ----/----/----

**Combination to locks given:** Yes / No

**Signature of authorised person on completion of application**----- **Date:**-----  
(position)