TUMUT AERO CLUB INC
A.B.N 94 861 247 441

All Correspondence The Secretary PO Box 112 Tumut NSW 2720 MUT AERO CLUB INC

Telephone: (02) 6947 1148

Flying For Fun

secretary@tumutaeroclub.org.au

| APPLICATION FOR MEMBERSHIP | | | | | | | | |
|--|----------------|-------------------|----------------|--------------------|-----------------|--------------------------|--------|-------|
| Applicant's Full Name: Mr / Mrs/ Ms / Dr | Surname | BLOCK LETTER | | | Date of Birth: | 1 | 1 | |
| Address: | | City/To | own | | State | Postcode | | |
| Occupation: | | Spouse's | s/Partner's N | ame (if applica | able): | | | |
| Telephone: () | | Mobile: | | | | | | |
| E-mail Address (print clearly):- | | | | | | | | |
| Emergency Contact: (Name): | | (Relationship |): | (Phone | e): | | | |
| I hereby apply to become a member of the lagree to be bound by the Constitution Individual Membership () TICK ONE | | • | | | ent of my admis | ssion as a | a mem | nber, |
| Family Membership () | | | | | | | | |
| I, | , a mem | ber of the assoc | ciation, hereb | y second th | | on of the | applic | |
| Applicant Questionnaire: Reason(s | s) for applyir | ng for Membersl | nip: | | | | | |
| Indicate your aviation experience and ar | | | | | | | | |
| Endorsements: | | RA-Aus Mem | nbership No. (| (if applic): | Expi | ry Date: | 1 | 1 |
| Membership becomes e This occurs after the Nomination | | • • | | | • | | id. | |
| (Office Use only) Approved by | the Commit | tee Meeting on | 1 | 1 | | | | |
| Tick one () Subject to payment of Fee | es \$ | <u>or</u> | **() Fee | es \$ | paid for perio | d to | / | / |
| (Signature) | | **(Signature) | | | - | t No st on Age | | |