

Temora
Aero Club



NEW MEMBERSHIP APPLICATION FORM

To the Directors
Temora Aero Club Limited

I,

(Christian Names)

(Surname)

BLOCK LETTERS

of

Postal Address:

Occupation:

Pilot's Licence No:

Licence Type:

Medical Due Date:

BFR Due:

Phone No:

Fax No:

Work No:

Mobile:

Email address:

desire to become a FULL / SOCIAL (Cross out that which is not applicable) member of Temora Aero Club Limited and request you to enter my name on the Register of members accordingly and I agree to be bound by your rules, regulations and by-laws of the Club in force from time to time.

Dated this

day of

of year

Signed:

We believe the above named candidate to be a suitable person to be elected as a member of the Temora Aero Club Limited.

Signed:

(Proposer)

(Print Full Name)

Signed:

(Secunder)

(Print Full Name)

Date of Posting Application on Notice Board: _____ Date of Placing Application before Committee _____

Date Elected by Directors: _____ Receipt Number: _____
_____ Amount: _____

ACN: 001 292 253

Direct Deposit: ANZ Temora, BSB: 012 840 Acc: 2380 08352

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