



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: _____
(Seconder) (Print Full Name)

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

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