



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: _____