

**Membership Application – 2020/2021**

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| **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **GIVEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***STREET******TOWN*** ***POST CODE***  **PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***HOME*** ***MOB***  ***WORK***  **PENSIONER NUMBER**: \_\_\_\_\_\_\_\_\_\_\_**DATE OF BIRTH**: \_\_\_\_\_\_\_\_ **WINGS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **AUS NUMBER:** |

**CLUB FEES:**

The following fees are calculated from the commencement of the financial year end, to 30th June

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| **VMAA/MAAA**  **$134** | **MFWAC**  **$66** |

Membership fees to be sent to Mitchell Fixed Wing Aero Club **– Registrar  
John Blackwell 17 Tallarook Street Seymour 3660**

I request that I be granted membership of: MITCHELL FIXED WING AERO CLUB Inc.. I understand and accept that MITCHELL FIXED WING AERO CLUB Inc., reserves the right to refuse membership.

On acceptance of my application …..

**I AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION. AND THE RULES OF THE CLUB CONSTITUION.**

**GMCU BSB 803078 AC/NO 23479  
Direct Debit number: 100070799 please make sure your name is included on payment reference.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed by:\_\_\_Barry Dunn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**