

Cronulla Model Aero Club Inc

New membership application



Given names _____

Preferred name _____

Surname _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Date of Birth _____ Age _____ Application Date _____

Mobile _____ Home _____

Email Address _____

Are you an existing member of the MAAA? No Yes AUS Number _____

What MAAA club are you a current financial member of:

Joining and membership Fee \$ _____ Receipt Number _____

By signing this form, you agree to abide by the Constitution and Rules of Cronulla Model Aero Club Inc and CASA CASR(1998) Part 101 and The MAAA . Membership is subject to the approval of the Executive Committee and payment of fees due.

Applicant Signature _____

Committee Endorsement _____