

Central Coast Model Aero Club

Membership Application

SENIOR MEMBER

Name: _____ Date of Birth: _____

Address: _____ Post Code: _____

Contact Phone: _____ Email: _____

Fee: \$240 (\$125 after December 31)

JUNIOR MEMBER (under 18)

Name: _____

Address: _____ Post Code: _____

Contact Phone : _____ Email: _____

Fee: \$45 (\$25 after December 31)

ASSOCIATE MEMBER (must be a current financial member of another MAAA affiliated club)

Name: _____ Date of Birth: _____

Address: _____ Post Code: _____

Contact Phone: _____ Email: _____

Home Club: _____ MAAA Number: _____

Fee: \$100 (\$50 after December 31)

Please Note: Members are encouraged to pay by Electronic Funds Transfer where possible.

Details will be provided on receipt of this application which can be emailed to: ccmacsecretary@gmail.com or handed to the Secretary at the club.

AGREEMENT

I, the undersigned, hereby apply for membership of the Central Coast Model Aero Club and, as a condition of my membership, agree to comply at all times with all Club Rules and Regulations as posted on our club website and in our clubhouse.

Signature of Applicant: _____

Date _____

