



Busselton Aero Club (inc) Membership Application 2016/17

PO BOX 1165, Busselton WA 6280 Ph: 08 9751 1400 or 0437 658 043

First Name _____
 Surname _____
 Title MR MRS MS MISS _____
 Postal Address _____
 Telephone - Home _____
 Telephone - Work _____
 Mobile _____ Birthdate: _____
 (junior members only)
 Email _____

Optional Questionnaire:

Do you hold a pilots licence, what type ? _____
 Do you own an aircraft, what make/model? _____

I hereby apply for membership of the Busselton Aero Club (inc) and agree to abide by the constitution and by-laws of the club.
 Signed _____
 Date _____

Membership Fees - Please select ONE box

- \$ 75 Adult Full m/ship \$75 m/ship + \$15 nomination (once off)
- \$ 37.50 Junior Full m/ship \$37.50 m/ship + \$15 nomination (once off)
 Juniors are 18yrs or under.
 Pro-rata available during months of Feb/Mar/Apr/May/June
- Non Flying Partner \$15
- Nomination Fee (Joining Fee) \$15 (once off)

_____ \$ TOTAL PAID

Payments can be made either;
Electronically:

BSB: 036 123 Account: 348917 Please use your name as a reference.

In Person:

To either; Membership Co-ordinator (Emma Pollard), Treasurer (Rod Swallow), CFI (Karen Dorlandt)

Post:

Membership Co-ordinator, Busselton Aero Club, PO BOX 1165, Busselton, WA, 6280

Tick here to allow your photo and general information to be used for information/ publicity/ Marketing purposes.

Office Use

Proposed by: (Name) _____	<input type="checkbox"/> Member number _____
Proposed by: (Signature) _____	<input type="checkbox"/> Payment amount _____
Seconded by: (Name) _____	<input type="checkbox"/> Payment method _____
Seconded by: (Signature) _____	<input type="checkbox"/> Date entered _____
	<input type="checkbox"/> Welcome note sent _____
	<input type="checkbox"/> Newsletter notified _____