

# CONSTELLATION MODEL FLYING CLUB INC.

ABN 54 938 336 117

## APPLICATION FOR PROVISIONAL MEMBERSHIP

SURNAME: .....

GIVEN NAMES: .....

ADDRESS: ..... POSTCODE: .....

PHONE NO: AREA CODE ( ) .....

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ANY CLUB, MODEL OR OTHER?

IF "YES" THEN PLEASE SUPPLY DETAILS BELOW.

NAME OF LAST CLUB: .....

TYPE OF CLUB: .....

REASON FOR LEAVING: .....

## PLEASE SUPPLY THE FOLLOWING PARTICULARS

HAS THE APPLICANT EVER BEEN ISSUED WITH AN AUS NUMBER? YES/ NO

AUS: ..... LEVEL OF PROFICIENCY: .....

DATE OF BIRTH: ..... PENSION CARD NUMBER: .....

I understand that my membership is PROVISIONAL for a period of 12 (twelve) months subject to acceptance by the COMMITTEE and payment of the prescribed fees.

If my application is approved by the COMMITTEE, I agree to be bound by the CONSTITUTION of the CONSTELLATION MODEL FLYING CLUB INC. and to abide by the Club's Code of Ethics and Flight Safety.

I also understand that I must be nominated for FULL MEMBERSHIP within 60 (sixty) days prior to the end of my PROVISIONAL MEMBERSHIP.

I acknowledge receipt of a copy of the CONSTITUTION and FLYING FIELD POLICY.

SIGNED: .....

DATED THE .....OF.....200( )

CMFC WITNESS: .....

PLEASE PRINT NAME AND ADDRESS: .....