

CABOOLTURE AERO CLUB

Lot 451 McNaught Road
Caboolture QLD 4510

ABN: 43 072 594 059



Latitude: 27° 05'
Longitude: 152° 59'

Airfield Telephone: 0488 922 245

Email: membership2016@cabaeroclub.org.au

APPLICATION FOR MEMBERSHIP

The Secretary,

I,..... (Full Name)

of.....

..... Post Code..... (Residential Address)

hereby apply for FULL / SOCIAL / JUNIOR* membership of the Caboolture Aero Club, and attach the appropriate fees as indicated hereunder.

I understand that acceptance of my application is subject to confirmation by the Management Committee of the Caboolture Aero Club and in the event that my application is accepted, I agree to be bound by the rules and by-laws of the Club and will comply with the Caboolture Airfield Operations Manual.

Dated this..... day of 20..... Signature:

We the undersigned, being financial FULL members of the Caboolture Aero Club, certify that the above named applicant is known to us and recommend them for FULL / SOCIAL / JUNIOR* membership of the Caboolture Aero Club. *delete where applicable

Proposed by..... (Name) of..... (Suburb)

Signature.....

Seconded by..... (Name) of..... (Suburb)

Signature.....

Please complete the reverse side of the application

MEMBERSHIP FEES – Including GST

<input type="checkbox"/> Full Membership 1 st July to 30 th June	\$115.50 per annum	\$.....
<input type="checkbox"/> Social Membership	\$22.00 per annum	\$.....
<input type="checkbox"/> Junior Membership (under 18 YOA)	\$16.50 per annum	\$.....
<input type="checkbox"/> "Airwaves" from Website	No Charge	
<input type="checkbox"/> Maintenance Levy – Compulsory for Full Members	\$154.00 per annum	\$.....
<input type="checkbox"/> If you are applying for <u>Full Membership AND own a hangar or aircraft at the Airfield</u> you may apply for a Gate Key Card	\$22.00 (non-refundable)	\$.....
	<u>TOTAL PAID</u>	\$.....

Membership approved at Management Committee meeting held : / / 20 Signed : (Membership Officer)

CABOOLTURE AERO CLUB
MEMBER'S FILE DATA

Member Number

Postal Address:

..... State: Post Code:

Telephone Numbers: Home: (...) Business: (...)

Mobile:

Email (please use capital letters).....

Major Interest (please ✓ only **one**)

- | | |
|------------------------------|--------------------------------|
| ▪ General Aviation: | ▪ Rotary Wing: |
| ▪ Sport Aviation: | ▪ Ballooning: |
| ▪ Ultralights: | ▪ Warbirds / Historical: |
| ▪ Gliding: | ▪ Parachuting: |
| ▪ Gyro: | ▪ Power Parachute: |
| ▪ Trikes Weight-Shift: | • Other (What is it?) |

Pilot Licence held (Type)

Aircraft Type Owned Hangar No (Rego No.)

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To issue Gate Card we require Vehicle Make, Model, Colour and registration
(all changes of vehicle must be notified).

Vehicle Make & Model	Vehicle Colour	Registration No	Sticker No.

PAYMENT DETAILS

Payment Method: Cheque Visa MasterCard Direct Deposit : Date:.....
Postal Order Reference is your **NAME m/ship**
Bank: CBA BSB: 064 405
Account: 10134067

For Credit Card Payments, please supply the following details:

Name on Card:

Card Number: | | |

Expiry Date: / Total Amount: \$

Cardholder's Signature: