

CABOOLTURE AERO CLUB
 Crn Aerodrome & McNaught Roads
 Caboolture QLD 4510

PO Box 611
 Caboolture QLD 4510

ABN: 43 072 594 059



Latitude: 27° 05'
 Longitude: 152° 59'

Airfield Telephone: (07) 5495 3882

Email: membership@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.

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 him / her* 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

<input type="checkbox"/> Full Membership 1 st July 2008 to 30 th June 2009	\$105.00 per annum	\$.....
<input type="checkbox"/> Social Membership	\$20.00 per annum	\$.....
<input type="checkbox"/> Junior Membership (under 18 YOA)	\$15.00 per annum	\$.....
<input type="checkbox"/> 5 Year Membership	\$400.00	\$.....
<input type="checkbox"/> Life Membership (to year 2018)	\$1,500.00	\$.....
<input type="checkbox"/> "Airwaves" Posted	\$15.00 per annum	\$.....
<input type="checkbox"/> "Airwaves" from Website	No Charge	
<input type="checkbox"/> Maintenance Levy – Compulsory for Full Members	\$120.00 per annum	\$.....
<input type="checkbox"/> If you are applying for <u>Full Membership AND</u> own a hangar or aircraft at the Airfield you may apply for a Gate Key Card	\$20.00 (non-refundable)	\$.....

TOTAL PAID \$.....

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

CABOOLTURE AERO CLUB
MEMBER'S FILE DATA

Postal Address:

..... State: Post Code:

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

Fax: (.....) Mobile:

Email:

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 <input type="checkbox"/> (Rego No.)
Aircraft Type Owned	Hangar No <input type="checkbox"/> (Rego No.)
Aircraft Type Owned	Hangar No <input type="checkbox"/> (Rego No.)
Aircraft Type Owned	Hangar No <input type="checkbox"/> (Rego No.)

PAYMENT DETAILS

Payment Method: Cheque Visa Mastercard Bankcard

For Credit Card Payments, please supply the following details:

Name on Card:

Card Number: _____ | _____ | _____ | _____

Expiry Date: _____ / _____ Total Amount: \$ _____

Cardholder's Signature: