



ROCKHAMPTON AERO CLUB

APPLICATION FOR MEMBERSHIP

MEMBER OF THE ROYAL FEDERATION OF AERO CLUBS OF AUSTRALIA

NAME: _____

ADDRESS: _____

SUBURB/CITY: _____ **STATE:** _____ **P'CODE:** _____

OCCUPATION: _____

PHONE-HOME: _____ **WORK:** _____ **MOBILE:** _____

EMAIL: _____

TYPE OF MEMBERSHIP REQUIRED: Pilot / Social

HOW DID YOU HEAR ABOUT US? Media / Internet / Friends / Other: _____

I hereby apply to be admitted as a member of the Rockhampton Aero Club. Should my application be accepted, I agree to observe the Rules and Regulations of the Rockhampton Aero Club and to pay the required membership fee.

Signed: _____

Date: _____

OFFICE USE ONLY

PAID

DATE: _____ **INVOICE NUMBER:** _____

COMMITTEE APPROVAL

APPROVED

NOT APPROVED - State reason _____

SIGNATURE: _____

NAME: _____

FLIGHT TRAINING - CORPORATE CHARTER - SCENIC FLIGHTS

p: 07 4922 4596 f: 07 4922 7370 e: admin@rockhamptonaeroclub.org.au

w: rockhamptonaeroclub.org.au

ABN: 61 009 671 498