

PHOENIX AERO CLUB

Associate Membership Application Form



Please fill out the details of this form, and bring it along to one of our club social days, held on the 2nd Sunday of each month. This will give you the opportunity to meet our club committee, instructors, other members, and submit your membership form in person. Alternatively if you cannot attend a Sunday BBQ, you can leave your filled out form at the clubhouse, or scan and email a copy to secretary@phoenix.org.au.

PERSONAL DETAILS

Date:

First Name..... Last Name.....

Address.....

Suburb..... Post Code..... State.....

Phone #..... Email Address.....

Occupation..... D.O.B.....

LICENCE DETAILS

ARN..... Medical Class..... Medical Expiry.....

Licence type (mark appropriate box)

None RPL PPL CPL ATPL

AFR Due.....

NEXT OF KIN

Name..... Phone #.....

Address.....

Relationship.....

