

PHOENIX AERO CLUB

Associate & Social Membership Application



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.

PERSONAL DETAILS

Date:

First Name..... Last Name.....
Address.....
Suburb..... Post Code..... State.....
Phone #..... Email Address.....
Occupation..... D.O.B.....

MEMBERSHIP TYPE

- Associate Membership - \$140
- Associate Membership (Under 18) - Free
- Social Membership - \$30

LICENCE DETAILS

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

Licence type (mark appropriate box)

- None RPL PPL CPL ATPL

AFR Due.....

REFERENCES

Do you know any other club members? Yes No

Member Member

List 2 persons (non-related) to speak to your good character and repute.

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

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

How did you hear about the PAC, and why do you want to join?

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DECLARATION

I declare that I am the person described in this application form and that all the details provided herein are true and correct. I understand that acceptance into the Phoenix Aero Club is conditional and that I will be subject to the conditions of membership as laid down in the Phoenix Aero Club Memorandum and Articles of Association.

Applicant|.....
Signature Print

Witness|.....
Signature Print

Date

Committee Use Only

Proposed|.....
Signature Print

Seconded|.....
Signature Print

Date