

Hamilton Model Aero Club Incorporated

PO Box 1333 Hamilton
Application for Membership Form

Applicants are requested to complete all sections please

Section 1 Applicant Details

First Name:		Last Name:	
Title: Mr/Mrs/Miss/other:			
Street Address:		Email:	
Suburb:			
City/Town:		Post Code:	
Date of Birth:		Contact Phone Number:	

Section 2 Flying Skill

(Please Tick appropriate box)

Require Training

Solo

Experienced

Section 3 Membership Type Required

(Please Tick appropriate box)

Senior	Family	Junior	Currently affiliated to another Club
Included Family Member	Free Flight and/or Control Line	Bulletin	

Section 4 Declaration

In accordance with the Privacy Act 1993; I authorise the Hamilton Model Aero Club (HMAC) to use such personal information as listed on the Membership Application Form for the purpose of planning and promoting HMAC activities, communicating information to me concerning my membership responsibilities and/or listed interests, publishing competition results, mailing the Clubs Official Publication, providing general statistical information to approved organisations and any other lawful purpose relating to membership of the HMAC

Signed:

Date:

**Post to: The Treasurer
Hamilton Model Aero Club Inc
PO Box 1333
Hamilton 2001**