



The Kalgoorlie Boulder Aero Club

MEMBERSHIP APPLICATION

PERSONAL DETAILS

NAME	
ADDRESS	
HOME PHONE	
WORK PHONE	
FAX NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	
DATE OF BIRTH	

LICENCE DETAILS

ARN NUMBER		MEDICAL NUMBER	
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CURRENT RATINGS

C/S RETRACT	YES/NO	AEROS	YES/NO	NVMC	YES/NO
FORMATION	YES/NO	INSTRUMENT	YES/NO	TWIN	YES/NO
TWIN NVMC	YES/NO	COMMERCIAL	YES/NO	LOW LEVEL	YES/NO

GENERAL INFORMATION

DO YOU HAVE A FINANCIAL INTEREST IN ANY AIRCRAFT? (IF YES, DETAILS)	
DO YOU WORK, OR DO YOU HAVE ANY INTEREST IN ANY AVIATION RELATED COMPANIES? (IF YES, DETAILS)	
ARE YOU CURRENTLY A MEMBER OF ANOTHER FLYING CLUB OR INSTITUTION? (IF YES, DETAILS)	
ADDITIONAL INFORMATION	

I (NAME) _____ WISH TO APPLY FOR THE MEMBERSHIP STATUS OF (STATUS REQUESTED) _____ And agree to be bound by the rules and constitution of the Kalgoorlie Boulder Aero Club INC

SIGNED _____ DATE _____

NOMINATING MEMBER _____ SECONDED BY _____

MEMBERSHIP FEES (PILOT - \$ 50.00, ORDINARY - \$ 50.00, SOCIAL - \$ 30.00)

ANNUAL SUBSCRIPTION (TO JUNE 30) \$ _____
 GST \$ _____
 NOMINATION FEE \$ _____
 TOTAL \$ _____
 DATE PAID _____ DOCKET NUMBER _____