



The Kalgoorlie Boulder Aero Club

MEMBERSHIP RENEWAL FORM

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 RENEW MY KBAC MEMBERSHIP STATUS OF (STATUS) _____ And agree to be bound by the rules and constitution of the Kalgoorlie Boulder Aero Club INC

SIGNED _____ DATE _____

MEMBERSHIP FEES (PILOT - \$ 140.00, ORDINARY - \$ 100.00, ASSOCIATE - \$ 65.00, SOCIAL - \$ 30.00)

ANNUAL SUBSCRIPTION (TO DECEMBER 31) \$ _____
TOTAL \$ _____
DATE PAID _____ DOCKET NUMBER _____

MEMBERS, PLEASE FILL OUT AS MUCH DETAIL AS POSSIBLE TO ENABLE US TO KEEP ACCURATE RECORDS SO THAT WE MAY KEEP YOU INFORMED OF WHAT IS HAPPENING IN OUR GREAT CLUB.