



New Membership Application Form

Details of Applicant

Surname: _____

First Names: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

D.O.B. _____ Age _____

Occupation: _____

Spouse/Partners Name: _____

Pensioner (PCC No) _____

Contact Details

Home: _____ Mobile _____

Email: _____

Have you ever been affiliated with the MAAA in the Past? Yes/No

If so what was your MAAA Number: _____

Are you currently affiliated through another club? Yes/No

If so which club? _____

Current Flying Status:

Bronze Wings

Gold Wings

Instructor

Control-Line

None

In making this application I agree to abide by all AMA and MAAA rules

Signed _____

Proposed by (AMA Member)

Surname _____

First Name _____

Signature _____

Date _____

Seconded by (AMA Member)

Surname _____

First Name _____

Signature _____

Date _____

Return completed form to:

AMA Registrar

**David Edwards
9 Muscatel Avenue
Wattle Park 5066
South Australia**

**Ph: 8331-3460
Mobile: 0402 891 882
vk5ff@bigpond.net.au**

NB - Once your application has been considered by the Committee you will be notified of the outcome.

For Committee use only

Membership Approved/Not Approved

President _____

Date _____

Applicant notified Yes/No

Secretary _____