



**APPLICATION for MEMBERSHIP**  
**of**

**Rockhampton Model Aero**  
**Club Inc.**

P.O. Box 6153  
Central Queensland Mail Centre 4702.

**PLEASE PRINT**

**MEMBERSHIP CLASSIFICATION :** \_\_\_\_\_

**SURNAME :** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**PREFERRED NAME :** \_\_\_\_\_

**DATE OF BIRTH :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **PENSION N<sup>o</sup>. #** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **POSTCODE :** \_\_\_\_\_

**TELEPHONE (Home) :** \_\_\_\_\_ **(Work) :** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **E-Mail :** \_\_\_\_\_

**Name any aero modelling club of which you have been a member :** \_\_\_\_\_

**Current M.A.A.A. / FAI Registration (#) :** \_\_\_\_\_ **VH N<sup>o</sup>.** \_\_\_\_\_

**List Radio Frequencies to be used by you at the time of this application :** \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I hereby agree to comply with the Rules and By-Laws of the RMAC Inc. and its insurers and any subsequent variations thereto.**

**APPLICANTS SIGNATURE :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**PROPOSERS SIGNATURE :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**Note :- # IF APPLICABLE.**