

Muswellbrook District Model Aero Sports Inc.

www.mdmas.org.au



Application for Membership 20\_\_\_\_/20\_\_\_\_

NAME			
ADDRESS			
EMAIL			
TELEPHONE		MOBILE	
DATE OF BIRTH		PENSION NUMBER	
AUS. NUMBER		MAAA WINGS	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> post <input type="checkbox"/> telephone <input type="checkbox"/> email			

I wish to apply for: <input type="checkbox"/> SENIOR <input type="checkbox"/> PENSIONER <input type="checkbox"/> ASSOCIATE* <input type="checkbox"/> JUNIOR <input type="checkbox"/> SOCIAL** Membership
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\*Associate member must provide proof of affiliation

\*\*Social membership for non flying members only

<b>STATE AFFILIATION</b> (not applicable to Associate or Social members): <input type="checkbox"/> ANSW <input type="checkbox"/> CLAS <input type="checkbox"/> NSWFFS I understand that my application must be accompanied by the appropriate fee and is subject to approval of the MDMAS Inc committee. I agree to comply with the MDMAS Inc Constitution and By Laws (copies available from the club secretary) <b>TOTAL FEES PAID: \$</b> _____ <b>METHOD OF PAYMENT:</b> <input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> EFT* *if using EFT pay to: <u>Account Name</u> MDMAS Inc <u>BSB:</u> 650-000 <u>Account No:</u> 966178202 <b>Reference:</b> (your name)
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<b>SIGNATURE:</b>	<b>Date:</b>
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Completed application forms to be forwarded, in person, via email or post to:  
**The Secretary, MDMAS Inc.**  
18 Scott Street  
SCONE NSW 2337  
[lin-ann@bigpond.com](mailto:lin-ann@bigpond.com)

**CLUB USE ONLY**

Date received	
Approved (yes/no)	
Amount received	\$
Receipt number	
Entered in register	
Receipt sent	