



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**			

*Associate members must provide proof of affiliation

**Social membership for non flying members only

STATE AFFILIATION (not applicable to Associate or Social members): ☐ ANSW ☐ CLAS ☐ NSWFFS

I understand that my application must be accompanied by the appropriate fee and is subject to the approval of the MDMAS Inc committee.

I agree to comply with the MDMAS Inc. Constitution and By Laws
(Copies available from the club secretary)

TOTAL FEES PAID: \$_____

METHOD OF PAYMENT: ☐ CASH ☐ CHEQUE ☐ EFT*

* If using EFT pay to: Account Name: MDMAS Inc BSB: 650-000 Account No: 966178202

Reference: (Your Name)

SIGNATURE:

DATE:

completed application forms to be forwarded, in person, via email or post to:

The Secretary, MDMAS Inc.

10 Cabernet Street

MUSWELLBROOK NSW 2333

eustace1991@hotmail.com

CLUB USE ONLY

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