



New Member Application Form

2018

For Membership current 1 July 2017 – 30 June 2018
 MAAQ Affiliation current 1 July 2017 – 30 June 2018

Fees

Category	SAAMBR	MAAQ	Joining fee	Total
Ordinary	140.00	94.00	75.00	\$309.00
Junior*	90.00	40.00	75.00	\$205.00
Associate*	140.00	Nil	75.00	\$215.00
Pension Discount*	100.00	94.00	75.00	\$269.00
Non Flying	100.00	Nil	Nil	\$100.00

The joining fee is required by all new members or any member who has been absent in excess of 12 months. Families pay only one joining fee. Members will be charged a maintenance levy of \$75.00 adjusted pro rata for working bees attended. This form must be filled out and given, emailed or posted to the Secretary ONLY. Do not include any money. You will be required to attend a SAAMBR General Meeting (contact Secretary for location and date). You are permitted to fly as a visitor on 2 occasions ONLY prior to attending a General Meeting. All monies owing must be paid on the ratification of your membership at the General Meeting. Failure to attend the meeting will result in your membership being held over until the following meeting. Failure to attend two meetings will result in your membership not being accepted. You must provide your residential address on this form. **No PO Boxes.**

***Junior:** Less than 18 years of age on 1st July

***Pension Discount:** Hold a current Aged or Disability pension card. ***Associate:** Affiliated with MAAQ through another club.

Personal Details

Surname:..... Given Name:.....
 Address:..... Date of Birth:.....
 Post Code:.....
 Known As:..... Occupation:.....
 Have you been affiliated with MAAA before: Yes No Pensioner No:.....
 If Yes, When:..... Where:.....
 Previous VH Number:..... Telephone (H):.....(M):.....
 Quals.(Gold Wings etc):..... email:.....

A valid email address or Mobile Telephone number is mandatory.

Have you previously been a member of SAAMBR, PRAMS or BARCS?.....

I, the above person do here by agree to abide by and obey the Club Rules and Regulations.

Signed:..... Date:.....

Applications for Membership **must** be proposed by a Financial member of SAAMBR.

Proposers Name/Signature:..... Date:.....

Seconders Name/Signature:..... Date:.....

After completion please forward this form to:
SAAMBR, PO Box 574, Chermiside South Qld 4032
secretary@saambr.asn.au

Office Use

SAAMBR:\$	MAAQ:\$	Joining:\$	Receipt No.
-----------	---------	------------	-------------