



HOBART MODEL AERO CLUB



Kelly Field
Colebrook Rd
Richmond

APPLICATION FOR MEMBERSHIP

PO Box 244
Richmond
TAS 7025

Membership Type* (see Schedule of Fees)	
Pensioner Concession No	
Fee Payable* (see Schedule of Fees)	
Family Name*	
Given Names*	
Preferred Name	
Date of Birth*	
Address: Number & Street*	
City or Town*	
State & Postcode*	
Phone: Home	
Work	
Mobile	
Email Address*	

*- Mandatory fields

Information required for persons wishing to operate model aircraft:

Previous MAAA Member No, if any*	
Preferred Frequencies	

Declaration I agree to apprise myself of, and abide by, CASA, MAAA and HMAAC rules.

FLYING MODEL AIRCRAFT INVOLVES INHERENT RISKS THAT MAY RESULT IN INJURY (OR EVEN DEATH). THE HOBART MODEL AERO CLUB INC. CANNOT PROVIDE A TOTALLY RISK FREE ENVIRONMENT. IF THIS IS UNACCEPTABLE THEN PLEASE DO NOT LODGE THIS APPLICATION.

I acknowledge that my application is subject to approval by the committee and that in the event of my application not being approved, no reason will be given.

Applicant Signature*		Date*
Parent/Guardian Approval		

	Name*	Signature*	Date*
Proposed by			
Seconded by			