



Membership Application Form

Motueka Aero Club Inc. 26 College Street, Motueka, 7120

Website: motuekaaeroclub.com

Email: motueka.aeroclub@gmail.com

Contact Details	
<i>All CAPITALS please</i>	
First Names:	Preferred Name:
Last Name:	
Date of Birth:	Phone:
Email Address:	
Address:	
Town/City:	Postcode:
Emergency Contact Name:	
Relationship:	Phone:
Email Address:	

Membership Details			
Full Pilot Membership: \$140	Affiliate Membership: \$105	Social Membership: \$40	Young Eagles: \$35
What is your main reason to fly?			
How did you hear about Motueka Aero Club?			
Why did you choose Motueka Aero Club?			

Flight Details					
<i>To be completed by Pilot Members only</i>					
Medical Type:			Medical Expiry Date:		
License Type:	Student Pilot:	Microlight:	PPL:	CPL:	ATPL:
Hours Flown:			Hours Since Last Check:		
CAA Number:			BFR Renewal Date:		
Type rated on Club Aircraft:		PA-38	C172	BOTH	
Additional Flight Ratings/Endorsements:					

- I confirm that I have read, understood and accept all the Club Rules laid down by Motueka Aero Club as published by the Committee.
(copy available on our Club Website or from a Club Instructor)

Signed: **Date:**

Parent or Guardian's signature is required if applicant is under 18 years of age.

Parent/Guardian
(print name)

Email:..... **Phone**.....

Signed: **Date:**

For any enquires/questions about Motueka Aero Club, or this Membership Application, contact our Chief Flying Instructor:motueka.aeroclub@gmail.com

Once approved by the MAC Committee an invoice for your Membership Fee will be emailed to you.

Please talk to a MAC Club Instructor for details on hiring our Club Aircraft.

Club Instructors:
instructors.mac@gmail.com

For MAC use only:

Applicant known/recommended:

CFI:.....

or

Nominated
(name and date):

and

Seconded
(name and date):

Application Sent <input type="checkbox"/>	Approved <input type="checkbox"/>	Invoice Sent <input type="checkbox"/>	Paid <input type="checkbox"/>
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