

Membership Application Form 2025

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

Website: <u>motuekaaeroclub.com</u> Email: <u>motueka.aeroclub@gmail.com</u>

Contact Details					
All CAPITALS please					
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: \$150	Affiliate Membership: \$115	Social Membership: \$50	Young Eagles: \$35				
What is your main reason to fly?							
How did you hear about Motueka Aero Club?							
Why did you choose Mc	tueka Aero Club?						

Flight Details							
To be completed by Pilot Members only							
Medical Type:			Medical Expiry Date:				
License	Student Pilot: Micro		iaht [.]	PPL:	CPL:	ATPL:	
Туре:			igin.	116.		OF E.	//// L.
Hours Flown:				Hours Since Last Check:			
CAA Number:			BFR Renewal Date:				
Type rated on Club Aircraft:		PA-38 C172		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:<u>motueka.aeroclub@gmail.com</u>

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):

(name and date):

Application Sent

Approved

Invoice Sent