



**ALDINGA AERO CLUB INCORPORATED
P.O. BOX 726, NOARLUNGA CENTRE S.A. 5156**

Application for Membership

NAME: (PLEASE PRINT)		MEMBERSHIP GRADE SOUGHT (CIRCLE) *Associate * Corporate * Junior * Student *Ordinary	
RESIDENTIAL ADDRESS		POSTAL ADDRESS	
PHONE	MOBILE	FAX	EMAIL
LICENCE CATEGORY (CIRCLE)	* None * Student * GFPT * PPL * Recreational * CPL * ATPL * Helicopter * Glider		
ENDORSEMENTS / RATINGS (CIRCLE)	* CONST/SP * RETRACTABLE * NVFR * IFR * TWIN * TAIL WHEEL * GAS TURBINE		
PROPOSED BY: (Financial Ordinary Grade club member)		SIGNATURE OF PROPOSER	
SECONDED BY: (Financial Club Member)		SIGNATURE OF SECONDER	
If my application is accepted by the Committee, I agree to abide by the Constitution and By-Laws of the Aldinga Aero Club Inc. at all times.		APPLICANT SIGN	DATE
Please note that your application will be considered by the Executive Committee. Once your application is approved, you will receive an Invoice for the appropriate annual membership fee, if applicable, either by email or post.			

FOR OFFICE USE ONLY			
DATE RECEIVED	DATE ASSESSED	APPROVED REJECTED	DECISION NOTIFIED DATE
PROPOSER COMMENTS			
SECONDER COMMENTS			
ACCOUNTS	ADDRESS BOOK	MAILING LIST	PHONE LIST