



**SHOALHAVEN MODEL FLYING CLUB Inc.**

**MEMBERSHIP APPLICATION / RENEWAL 2023/2024**

\*All members are to complete and hand this form to the Treasurer or President before June 30<sup>th</sup> 2023.  
Or send to: The Treasurer, SMFC, Inc, P.O Box 2178, Bomaderry, NSW, 2541.

**If payment is made by EFT you are still required to submit this form.**  
**If payment via EFT complete the form, sign, scan, and send to mcb263@gmail.com**

**Name:** .....

**Address:** .....

**Post Code:** ..... **Email:** .....

**Phone:** ..... **Mobile:** .....

**D.O.B:** ..... / ..... / .....  
(Day) (Month) (Year)

**Please indicate your current ratings:**

- Gold Wings                       Silver Wings
- Bronze Wings
- Instructor                       Large Model Inspector
- FAI Inspector                       Turbine Model Inspector

**MAAA #:** .....

**Annual Membership Fees:**

(Please Tick One Box)

<b>AMNSW Newsletter via Email.</b>	<b>Senior</b>	<input type="checkbox"/>	<b>\$ 215.00</b>
	<b>Junior</b>	<input type="checkbox"/>	<b>\$ 75.00</b>
<b>SMFC Affiliate Membership</b> (No insurance or MAS Newsletter) (Proof of MAAA Membership must be provided with application)		<input type="checkbox"/>	<b>\$ 75.00</b>
<b>Name of Club:</b> .....			
<b>Non-Flying Membership</b> (No insurance or MAS Newsletter)		<input type="checkbox"/>	<b>\$ 10.00</b>
<b>Cash / Cheque Payable to: Shoalhaven Model Flying Club</b>	<b>Total</b>		<b>\$ .....</b>

I hereby apply **for / renew** my membership of the Shoalhaven Model Flying Club Inc. and agree to abide by the rules and the constitution of the Club.

**I DO / DO NOT** give my consent for my Name and Phone Numbers to be disclosed to other SMFC Members (Circle selection, if no selection is made the selection will default to DO NOT).

Signature: ..... Date: .....

If under 18 years of age at joining, Parental permission is required  
I give my consent for my Son/Daughter/Ward to become a member of the SMFC.

Parent/Guardian: ..... Date: .....

Received from: ..... Amount: .....

On behalf of the SMFC

Signature of Authorised Person: ..... Date: .....

**Bank details for EFT: BSB 641800 A/C No. 009132616**  
(If paying by EFT place your Surname in the Reference Field)