



SUNCOAST MODEL FLYERS INC.

**ASSOCIATE MEMBER
APPLICATION 2009-2010**

President **David Rooke** (07) 5442 6135
Secretary **Alan Isaacs** (07) 5457 0995
Treasurer : **Roy Salmon** (07) 5441 3252

Post to Treasurer: 10. Highview Avenue Nambour Heights 4560

president@coolumflyers.com secretary@coolumflyers.com treasurer@coolumflyers.com

Surname.....Given Names.....
Preferred Name..... Date of Birth.../.../....
Residential Address..... Postal Address if Different.....
.....
.....Post Code_ _ _ _Post Code_ _ _ _
Home Phone.....Mobile Phone.....
E-mail.....

AUS No.....Wings (Please circle) Bronze P H G...Gold P H G... Radios Bandwidth Tested: Yes/No

Name of Parent Club

Name of Secretary.....

Address:Phone No.....
.....E-mail.....
.....Post Code. _ _ _ _

* Adult Fee.....\$108.-00

* Pensioner Fee....\$ 58-00 A commonwealth Age or Disability card must be sighted for the concession.

* Junior Fee\$ 5-00

Note:

Applicants are required to show proof of financial membership of their Parent Club.

I hereby apply for Associate Membership of The Suncoast Model Flyers Inc. and agree to be bound by the Constitution / By-Laws and Safety Rules as set out in the Constitution of the Club. Furthermore, I give my Permission for the club to seek medical attention if I so require for any reason.

Signature..... Date.../.../.....

Nominated By (please print).....

Signature.....Date/.../.....
(Must be nominated by a member of SMF Inc.)

Allow my details to be circulated to other members.....Yes/No