

NEW ZEALAND MODEL AERONAUTICAL ASSOCIATION (INC)

CLUB NO: _____

DATE: _____

NOTIFICATION OF AFFILIATIONS

CLUB NAME: _____

CLUB'S

OFFICIAL ADDRESS: _____

POST CODE: _____

(THREE LINES MAXIMUM)

CLUB SECRETARY'S NAME: (Please Print Clearly)

_____ PHONE NO: _____ / _____
(FIRST NAME) (SURNAME) (STD)

NAME OF PERSON TO CONTACT RE MEMBERSHIP QUERIES: (Please Print Clearly)

_____ PHONE NO: _____ / _____
(FIRST NAME) (SURNAME) (STD)

MEMBERSHIP CLASSIFICATION	NO. OF MEMBERS BEING REGISTERED IN EACH CLASS	@	SUBSCRIPTION AMOUNT	=	TOTAL
SENIOR (* 1)	_____	@	\$55.00	=	\$ _____
JUNIOR (* 2)	_____	@	\$20.00	=	\$ _____
FAMILY PAID (* 3)	_____	@	\$62.00	=	\$ _____
FAMILY INCL (*4)	_____				
TOTAL NO. OF MEMBERS BEING REGISTERED	_____		TOTAL OF CHEQUE ATTACHED		\$ _____

NOTE: * THIS NUMBER IS LISTED IN COLUMN 'B' OF YOUR MEMBERSHIP PRINT-OUT.