

**CABOOLTURE AERO CLUB**

Lot 451 McNaught Road

Caboolture QLD 4510

ABN: 43 072 594 059



Latitude: 27° 05'  
Longitude: 152° 59'

Airfield Telephone: 0488 922 245

Email: [membership@cabooltureaeroclub.com.au](mailto:membership@cabooltureaeroclub.com.au)

**APPLICATION FOR MEMBERSHIP**

The Secretary,

I,..... (Full Name)

of.....

..... Post Code..... (Residential Address)

hereby apply for FULL / SOCIAL / JUNIOR\* membership of the Caboolture Aero Club, and attach the appropriate fees as indicated hereunder.

I understand that acceptance of my application is subject to confirmation by the Management Committee of the Caboolture Aero Club and in the event that my application is accepted, I agree to be bound by the rules and by-laws of the Club and will comply with the Caboolture Airfield Operations Manual.

Dated this..... day of ..... 20..... Signature: .....

We the undersigned, being financial FULL members of the Caboolture Aero Club, certify that the above named applicant is known to us and recommend them for FULL / SOCIAL / JUNIOR\* membership of the Caboolture Aero Club. \*delete where applicable

Proposed by..... (Name) of..... (Suburb)

Signature.....

Seconded by..... (Name) of..... (Suburb)

Signature.....

Please complete the reverse side of the application

**MEMBERSHIP FEES – Including GST**

<input type="checkbox"/> Full Membership 1 <sup>st</sup> July to 30 <sup>th</sup> June **	\$269.50 per annum	\$.....
<input type="checkbox"/> Social Membership	\$22.00 per annum	\$.....
<input type="checkbox"/> Junior Membership (under 18 YOA)	\$16.50 per annum	\$.....
<input type="checkbox"/> "Airwaves" from Website	No Charge	
<input type="checkbox"/> If you are applying for <u>Full Membership AND own a hangar or aircraft at the Airfield</u> you may apply for a Gate Key Card	\$22.00 (non-refundable)	\$.....
	<b><u>TOTAL PAID</u></b>	\$.....

\*\* Pro-rata membership is calculated in full months; please email [membership@cabooltureaeroclub.com.au](mailto:membership@cabooltureaeroclub.com.au) for a quote

Membership approved at Management Committee meeting held : / / 20 Signed : ..... (Membership Officer)

**CABOOLTURE AERO CLUB**  
**MEMBER'S FILE DATA**

Member Number

Postal Address: .....

..... State: ..... Post Code: .....

Telephone Numbers: Home: ( ... ) ..... Business: ( ... ) .....

Mobile: .....

Email (please use capital letters).....

Major Interest (please ✓ only **one**)

- |                              |                                |
|------------------------------|--------------------------------|
| ▪ General Aviation: .....    | ▪ Rotary Wing: .....           |
| ▪ Sport Aviation: .....      | ▪ Ballooning: .....            |
| ▪ Ultralights: .....         | ▪ Warbirds / Historical: ..... |
| ▪ Gliding: .....             | ▪ Parachuting: .....           |
| ▪ Gyro: .....                | ▪ Power Parachute: .....       |
| ▪ Trikes Weight-Shift: ..... | • Other (What is it?) .....    |

Pilot Licence held ..... (Type)

Aircraft Type Owned ..... Hangar No  ..... (Rego No.)

Aircraft Type Owned ..... Hangar No  ..... (Rego No.)

To issue Gate Card we require Vehicle Make, Model, Colour and registration (all changes of vehicle must be notified).			
Vehicle Make & Model	Vehicle Colour	Registration No	Sticker No.

**PAYMENT DETAILS**

Payment Method:  Cheque  Visa  MasterCard  Direct Deposit : Date:.....  
 Postal Order Reference is your **NAME m/ship**  
 Bank: CBA BSB: 064 405  
 Account: 10134067

For Credit Card Payments, please supply the following details:

Name on Card: .....

Card Number: ..... | ..... | ..... | .....

Expiry Date: ..... / ..... Total Amount: \$ .....

Cardholder's Signature: .....