

**CABOOLTURE AERO CLUB**

59' Lot 451 McNaught Road  
Caboolture QLD 4510 Airfield  
ABN: 43 072 594 059 Email:  
www.cabooltureaeroclub.com.au



Latitude: 27° 05'

Longitude: 152°

Telephone: 0488 922 245

Email: [mo@cacq.com.au](mailto:mo@cacq.com.au)



**APPLICATION FOR MEMBERSHIP -** please use capital letters if handwriting

The Secretary,

I, (Full Name).....

Of (Residential Address).....

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

hereby apply for FULL / SOCIAL / JUNIOR\* membership of the Caboolture Aero Club.

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 with any amendments approved by the Committee.

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 membership of the Caboolture Aero Club.  
Proposed by (Name) ..... of (Suburb)  
.....

Signature.....




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

Signature.....

Please complete the reverse side of the application

**Indicative MEMBERSHIP FEES – Including GST**

***When Membership Approved by Committee an Invoice will be sent to you***

- Full Membership 1<sup>st</sup> July to 30<sup>th</sup> June \*\*  per annum
- Social Membership  per annum
- Junior Membership (under 18 YOA)  per annum
- If you are applying for Full Membership AND own a hangar \$22.00 (non-refundable) or aircraft at the Airfield you may apply for a Gate Key Card

Office Use  
Only:

\*\* Pro-rata membership is calculated in full months

Member Number

Gate Card(s)

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

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

**please use capital letters if  
handwriting**

Postal Address:

.....

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

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

**Tick preferred**

Mobile: .....

Email address **please use capital letters if handwriting**

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

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

Aviation Interests (please ✓ )

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

Pilot Licence(s) held (Type) .....

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