

Evans Head Memorial Aerodrome Heritage Aviation Association

Membership Form

Fees are payable for the financial year 1 July to 30 June

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby apply for membership of EHMHAA Inc. If I am admitted as a member, I agree to be bound by the constitution of the association. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you interested in being a volunteer at the museum (Tour Guide, Maintenance etc.)? \_\_\_\_\_

Any special skills or interests?: \_\_\_\_\_

Do you have any civilian/military aviation experience? \_\_\_\_\_

**Payment method and period:**

1 Year \$5.50

Optional Donation \$

Cash                      Direct Debit      EHMHAA, BSB 032 591, Account No. 287 627

Cheque

**Office Use:** Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_      **Payment:\$**                      **Rct No.** \_\_\_\_\_

Nominated by (Member signature) \_\_\_\_\_