

APPLICATION FOR MEMBERSHIP



Membership Requested	Tick
Senior (Full)	
Junior (under 26)	
Family	
Associate Flying **	
Associate Non-flying	

MFNZ 078

NAME IN FULL: (Please print) _____

Other names if Family membership _____

(** Flying members must have affiliation with MFNZ - see MFNZ application form)

(Please write legibly! We can't respond to you if we can't read your address details)

Mail Address		Telephone	
E mail address		Date of Birth	
** Affiliated Club		** MFNZ Affiliation Number	
Do you require training to fly?		Experience level Trainee Intermediate Advanced	
MFNZ Wings badge?			

Declaration

- In accordance with the Privacy Act 1993, I authorise Kapiti Aeromodellers' Club Inc. to use such personal information as listed on this membership application form for the purpose of planning and promoting club activities, communicating information to me concerning my membership responsibilities and/or listed interests, publishing competition results, mailing of newsletter, providing general statistical information to approved organisations, and any other lawful purpose relating to membership of the Kapiti Aeromodellers' Club Inc.
- I agree to abide by the rules of Kapiti Aeromodellers Club and those of Model Flying New Zealand. I agree that my membership is conditional on acceptance by the committee of my application and payment of membership fees.
- I herewith give permission for my telephone number and e- mail address to be circulated to members of Kapiti Aeromodellers' Club Inc. on request. I understand that this information is ONLY to be used for club related purposes and NOT for any other use.

Applicant Signature	
Proposer Signature	Proposer Name (print)
Seconder Signature	Seconder Name (print)

Official Use Only	Date	Process	Enquiries
Application date		Applicant to forward this form to the Membership Secretary, who will advise the name of the applicant to all members, providing 14 days for feedback. Membership secretary will then advise applicant of acceptance.	Membership Secretary and Treasurer Membership enquiries to: The Treasurer treasurerkamci@gmail.com
Scanned – email members			
Applicant advised			
Filed			