

**PLEASE COMPLETE, SIGN, AND RETURN WITH CLUB SUBS**

**WMAC: Membership Application**

**Surname:** ..... **Given Name(s):**.....

Preferred Name (if different):.....

**Address:** ..... **Birthday:**.....

..... **Tel. No.:** .....

..... **Email:** .....

**MFNZ #** ..... **Cell phone:** .....

**Membership Class:**

**Senior** (.....) **Junior** (.....) **Family** (.....) **Associate** (.....)

If family members included:

**Name(s):** ..... **Date(s) of birth:** .....

.....

.....

.....

Subscription enclosed: \$..... Cash (....) Cheque (....) Direct Credit (....)

Transmitter Mode: 1 or 2

Throttle: RIGHT stick = Mode 1

Throttle: LEFT stick = Mode 2

<b>Subs Rates</b>	
Senior	\$156
Family	\$166
Junior	\$ 60
Associate	\$ 63
Non-Flying	\$ 40

I agree to my contact details being made known to other WMAC members: Yes / No

I would like to be added to the “WMACNZ - Google Group” email list: Yes / No

I CONFIRM that I am aware of the Club’s rules, and hereby agree that I will comply with them at all times.

*(NOTE: Current versions of the Club Rules and Constitution are available on the Club Website – www.wmac.org.nz)*

(Signed:) ..... (Date:) .....

*(Return forms, with subs, to: The Treasurer, % 64 Dowse Drive, Maungaraki, Lower Hutt, 5010.)  
Payment can also be made by direct credit to bank account 06 0565 0081290 00*

*(WMAC use only)*

Receipt: ..... Date:.....