

**LILYDALE & DISTRICT MODEL FLYING ASSOCIATION Inc.**  
**APPLICATION FOR NEW MEMBERSHIP**  
*FOR THE PERIOD July1, 2011 to June 30, 2012*

...../...../.....  
 (Last Name) (First Given Name) (Second Given Name) (Preferred Given Name) (Date of Birth)  
 .....  
 (Address) (Suburb) (Postcode) (Home Phone) ( Mobile Phone)  
 (e-mail address) .....

Current FAI Licence Number: AUS ..... Pilot Rating: .....

RADIO FREQUENCIES: ..... Instructor Rating: .....  
 (NOTE: Only ODD frequencies can be used – e.g. 36.330 (633), 36.410 (641) or 2.4 NOTE: All fields must be completed

**JOINING FEE NEW MEMBERS ONLY \$75.00**

(only paid once and waived if a direct family member is a current financial member)

Name of financial member..... AUS.....

**ANNUAL FEES (Tick Only One)**

- SENIORS – Full Member \$210.00** (\$100.00 LDMFA Fee, + \$110.00 VMAA Registration and Insurance)
- SENIORS – Club Fee Only \$100.00** (\$100.00 LDMFA Fee – VMAA paid via another club)
- SENIORS – Life Member \$110.00** (\$110.00 VMAA Registration and Insurance)
- SENIORS – Other \$ 0.00** (Specify.....)
- JUNIORS – Full Member \$105.00** (\$50.00 LDMFA Fee + \$55.00 VMAA Registration and Insurance)
- JUNIORS – Club Fee Only \$ 50.00** (\$50.00 LDMFA Fee – VMAA paid via another club)

NOTE: Junior fees only apply to those prospective members under 18 years of age at 1st July 2011

(NOTE: Pro-rata 50% of total fee, including VMAA, applies to new membership between 1/1/2012 and 30/6/2012)

If you have arranged VMAA Insurance through another club, please indicate the club name and membership expiry date.

Club: ..... Expiry: ...../...../.....

**DECLARATION**

I agree, upon acceptance of this application, to be bound by the constitution and rules of LDMFA Inc.

Signature..... Date...../...../.....

**ENDORSEMENT BY L.D.M.F.A. APPROVED FLYING INSTRUCTOR**

Signature..... Date...../...../.....

**ENDORSEMENT BY L.D.M.F.A. COMMITTEE**

Signature..... Date...../...../.....

**PAYMENT**

Cheques and money orders made payable to LDMFA Inc. and forwarded, together with this form, to : The Treasurer, LDMFA Inc., PO Box 946, LILYDALE, 3140  
 Direct Deposit to BSB: 063-199, Account: 1005-5275, Account Name: LDMFA Inc with full name in To Account Description

<b>OFFICE USE ONLY</b>	Date :...../...../.....	Time: .....am / pm
<input type="checkbox"/> Cash	Amount Paid \$.....	
<input type="checkbox"/> Cheque	Rec#: .....	
<input type="checkbox"/> Money Order		
<input type="checkbox"/> Direct Deposit		