AAHOF
Australian Aviation Hall of Fame

APPLICATION FOR MEMBERSHIP OF PUBLIC CORPORATION LIMITED BY GUARANTEE AUSTRALIAN AVIATION HALL OF FAME LIMITED ABN 65 716 912 282

SURNAME _____FIRST NAME _____TITLE _____

POSTAL ADDRESS

_____

_____State _____ Postcode _____

TELEPHONE H_____ B_____ M_____

EMAIL_____

Membership is Annual – 1 July to 30 June. **Please circle Membership category applicable**:

Personal Membership (Individual): Fee $50 Association Membership: Fee$75

Corporate Membership: Fee $250 Optional: Donation $ _____

Organisation (if Association or Corporate Membership) _____

Member Networks – Are you a member of any AAHOF affiliated organisations eg RAAA, etc?
Position held (if Corporate Membership) _____

Declaration:
I agree to guarantee any unpaid or outstanding amount of my membership fees to the Company.

_____	_____	_____
Name of Applicant (please print)	Signature of Applicant	Date

PAYMENT METHOD (please circle) CHEQUE / DIRECT DEPOSIT*

CHEQUES PAYABLE TO: AAHOF. DIRECT DEPOSIT: Westpac BSB 032-769, Acct No. 44-8206
REFERENCE: INITIAL SURNAME POSTCODE *Attach Proof of Payment

Complete this form and either scan and email to enquiries@aahof.com.au or post to:
The Australian Aviation Hall of Fame, PO Box 8876, WAGGA WAGGA, NSW 2650

Office use only: Rec'd ..... Banked ……..……..

Membership accepted …….……..

Register updated ……..…….… Acknowledged …….……..……..