



**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 2247, WAGGA WAGGA, NSW 2650**

Office use only: Rec'd	Banked
Membership accepted	
Register updated	Acknowledged