



# APPLICATION FOR MEMBERSHIP

**Bay of Island Aero Club**  
PO Box 186  
Kerikeri  
New Zealand  
eMail: boiacnz@gmail.com

Membership No: \_\_\_\_\_

## For Office Use Only

Payment Received: ☐  
Accepted by committee: ☐  
Record entered: ☐

## Personal Particulars

Name (Please print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Mobile: \_\_\_\_\_  
eMail: \_\_\_\_\_

## Type Of Membership

First Year Only

Please tick

Full  
(1st Apr–31st Mar)

9 mths  
(1st Apr–31st Mar)

6 mths  
(1st Apr–31st Mar)

3 mths  
(1st Apr–31st Mar)

### Voting membership

General Aviation	<input type="checkbox"/>	\$140	\$105	\$70	\$35
Microlight	<input type="checkbox"/>	\$115	\$90	\$60	\$30

### Non-voting membership

Associate	<input type="checkbox"/>	\$45
Visitor (1 month membership)	<input type="checkbox"/>	\$40
Under 18 Flying	<input type="checkbox"/>	\$20

Amount Paid \$

By signing this form,

- I agree that whilst a member of the Bay of Islands Aero Club I will abide by all the rules and Standard Operating Procedures of the Club, the rules and regulations of the CAA, and the RAANZ.
- I understand that the hire of aircraft is on a pay as you go basis and that member rates are only applicable to fully paid up members.
- I also agree to allow the Club to store and use these records for Club use only.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian if under 18

\_\_\_\_\_

Proposer: \_\_\_\_\_

Seconder: \_\_\_\_\_

Name of full member

Name of full member

Signature

Signature