



ROYAL QUEENSLAND AERO CLUB
ACN 009 660 806
Beatty Road Archerfield
PO Box 41 Archerfield Q 4108
Telephone 07 3275 3244 Fax 07 3875 1639

Office Use Only
Membership Number

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NOMINATION FOR A NEW MEMBER

Please print neatly

SURNAME **PARTNERS NAME**

GIVEN NAMES **MEMBERSHIP CATEGORY**

PREFERRED NAME **CITY**

TITLE (Mr, Mrs, Dr) **COUNTRY**

JUNIOR (UNDER 18YRS)

ASSOCIATE

CORPORATE

DATE OF BIRTH

DO YOU HOLD A PILOT LICENCE? NO YES **If yes, please also complete Section B**

HOME ADDRESS

BUSINESS ADDRESS

POSTAL ADDRESS

EMAIL ADDRESS

HOME PHONE

BUSINESS PHONE

FACSIMILE

MOBILE PHONE

OCCUPATION
EMPLOYER COMPANY
POSITION

Please Tick **One** only

Please Tick

INDUSTRY TYPE

ACCOUNTANCY	<input type="checkbox"/>	1
ARCHITECTURE	<input type="checkbox"/>	2
ASSOCIATIONS	<input type="checkbox"/>	3
AVIATION	<input type="checkbox"/>	29
BANKING FINANCE	<input type="checkbox"/>	4
BROKING	<input type="checkbox"/>	5
CONSTRUCTION	<input type="checkbox"/>	6
DEVELOPMENT	<input type="checkbox"/>	7
DIPLOMATIC	<input type="checkbox"/>	8
EDUCATION	<input type="checkbox"/>	9
ENGINEERING	<input type="checkbox"/>	10
HOSPITALITY	<input type="checkbox"/>	11
INSURANCE	<input type="checkbox"/>	12
LAW	<input type="checkbox"/>	13
MANUFACTURER	<input type="checkbox"/>	14
MEDIA	<input type="checkbox"/>	15
MEDICAL	<input type="checkbox"/>	16
MERCHANT	<input type="checkbox"/>	17
MINING / ENERGY	<input type="checkbox"/>	18
PRIMARY INDUSTRY	<input type="checkbox"/>	19
PUBLIC SECTOR	<input type="checkbox"/>	20
REAL ESTATE	<input type="checkbox"/>	21
RELIGION	<input type="checkbox"/>	22
RETAILING	<input type="checkbox"/>	23
RETIRED	<input type="checkbox"/>	24
SERVICE INDUSTRY	<input type="checkbox"/>	25
SURVEYING	<input type="checkbox"/>	26
TRANSPORT	<input type="checkbox"/>	27
TRAVEL	<input type="checkbox"/>	28
OTHER	<input type="checkbox"/>	99

INTERESTS

ARTS	<input type="checkbox"/>	A
AVIATION MEMORABILIA	<input type="checkbox"/>	AM
BOWLS	<input type="checkbox"/>	B
COOKING	<input type="checkbox"/>	CK
CRICKET	<input type="checkbox"/>	C
DINNER DINING	<input type="checkbox"/>	DD
FLY AWAYS	<input type="checkbox"/>	FA
FLYING COMPETITIONS	<input type="checkbox"/>	FC
FORMATION FLYING	<input type="checkbox"/>	FF
GOLF	<input type="checkbox"/>	G
MUSIC	<input type="checkbox"/>	M
OTHER	<input type="checkbox"/>	O
READING	<input type="checkbox"/>	RD
REFRESHER SEMINARS	<input type="checkbox"/>	RS
RUGBY	<input type="checkbox"/>	R
SAILING	<input type="checkbox"/>	SA
SNOOKER	<input type="checkbox"/>	S
TENNIS	<input type="checkbox"/>	T
THEATRE NIGHTS	<input type="checkbox"/>	TN
THEME MENUS	<input type="checkbox"/>	TM
WINES	<input type="checkbox"/>	W

Section B – only to be completed by Pilot Licence Holder

ARN (Aviation Reference Number)

Licence Type Student GFPT PPL CPL
 ATPL Other (please specify) _____

Ratings & Endorsements CSU Retractable UC Multi-Engine Aerobatic
 Night VFR Instrument Tail Wheel Formation
 Instructor Grade 1 Grade 2 Grade 3

PAYMENT FOR MEMBERSHIP IS TO ACCOMPANY THIS APPLICATION

Should I be elected to Membership, I undertake to be responsible for all debts incurred by me. I agree to be bound by the Articles of Association, Club rules and regulations, and the terms and conditions of aircraft hire detailed in the Operations Manual and displayed at the Flight Desk. I certify that I am over the age of 18 years. (To be signed by parent/guardian if under the age of 18 years.)

Signature _____

Date _____

Full Name _____
(if signed by parent or guardian)

NOMINATION PROCEDURE

Note: New members are elected by the Committee and it often happens that the committee has no information other than the details on the nomination form concerning persons proposed for membership. Proposers and seconders of candidates are invited to assist the committee in every case by giving the fullest information possible in the space provided, stating under what circumstances the candidate is known, with details of career, flying interests etc.

If you do not know two Club members to propose and second you, please submit the application with the "Proposer" section left blank. Instead, provide us with two checkable references. These may be of a business or personal nature but should not be a close relative. Committee meetings are held on the last Wednesday of each month. To be eligible for consideration, applications need to be submitted 10 days prior. Applications that fail to do so will be considered at the subsequent meeting. In the intervening period you will be able to use the social facilities of the Club.

PROPOSER

NAME

ADDRESS

M/SHIP NO BUSINESS PHONE NO HOME PHONE NO

I have known the nominee for _____ years.

Proposer's remarks: _____

Proposer's Signature: _____ Date: _____

SECONDER

NAME

ADDRESS

M/SHIP NO BUSINESS PHONE NO HOME PHONE NO

I have known the nominee for _____ years.

Secunder's remarks: _____

Secunder's Signature: _____ Date: _____