

Model Flying Hawkes Bay Affiliated to Model Flying New Zealand Inc.

P.O Box 1085 Hastings

New Member Application

Name:				
Include Date of birth if juni	or			
If <u>Family</u> , Name Others				
Include Date of birth of jun	iors			
Address:				
Phone number: ()				
Email address:(Please print very clearly)				
Note: Your application will	I be reviewed by the comm	ittee at the next monthly	meetina.	
	, , , , , , , , , , , , , , , , , , , ,	,		
Flying Skill	(Please Tick appropriate box)		Tx Mode	MFNZ No (If applicable)
Require Training	Solo	Experienced		
According to the constitu New membership: - Club portion for the Model Fly To be a full flying member	fees are calculated on a ying NZ fee as applicable.	six monthly basis and mu	ust include either	the full or 6 month
2) Full members3) Third party lia	ull flying member are:- gain access through the ship to Model Flying New ability insurance cover th Model Flying World' MFN	Zealand Inc. rough MFNZ own insura	nce policy.	
Personal Informa	tion Privacy Act 1	993		
In accordance with the P membership form for the concerning my members	rivacy Act 1993; I authorice purpose of planning and hip responsibilities and dividing general statistical	ise MFHB to use such pe d promoting MFHB activ or listed interests, publis	ities, communica hing competition	
Declaration				
	contact details being incl	uded on Club lists (for Cl	ub use only) AND	I agree to abide by all the
SIGNATURE:			DATE:	1 1
Please sign the complet				
ricuse sign the complet	cu ioiiii			
You ALSO need to comp	lete MFNZ New Member	r Affiliation for each me	mber you can dov	vnload - <u>HERE</u>
Then either post them w mfhbnz@gmail.com	ith your payment to the	Club address (above) or	scan and email in	PDF format to
Thank you				
Club use only				
Amount Paid	Date Receive	edF	Receipt sent	