

BALLOON CLUB OF NSW & ACT Inc

MEMBERSHIP APPLICATION FORM

For the period 01/07/2008 to 30/06/2009

Name:

Renewal Only (Just tick box & sign if your details haven't changed)

Postal Address:

Home Phone:

Work Phone:

Mobile:

Fax:

email:

Please tick here if you do not have email and want mail via Australia Post.

Your Interest in Ballooning e.g. Pilot & Balloon Name, Crew Student, Enthusiast.

NEW MEMBERS

Nominated by:
(Financial Member)

Seconded By:
(Financial Member)

DECLARATION

I the undersigned hereby apply for new/renewal of membership of the Balloon Club of NSW & ACT Inc., and agree to abide by the Rules of Association, The Code of Conduct and other Club Rules as may be created from time to time.

I acknowledge that all activities are undertaken at my own risk absolutely, and indemnify the Club and Members and it's Committee against any claim, action, suit or demand, arising out of any act or omission relating to Club activities.

Signed:

Date:

Membership Type: Single \$20

Family \$30

Please return with payment to: The Secretary
Balloon Club of NSW & ACT Inc.

PO Box 1122, Leeton, NSW, 2705

Office Use Only

Date Received:		Date Receipted:		Receipt No:	
Chq Date & No:		Date Banked:		Receipt Sent:	
Payment Other:	Cash	Postal Order:		Other	