



**Noarlunga Model Aero Sports Inc**

PO Box 44  
Old Noarlunga  
S.A. 5168  
[www.nmas.info](http://www.nmas.info)

## New Membership Application

**Surname:** .....

**Given Names: (In full)** .....

**1. Postal Address:** .....

.....**Postcode**.....

**2. Date of birth:** .....

**3. Phone:** .....

**4. Mobile Ph:** .....

**5. Email:** .....

**6. If new, have you been a member of another club? YES**  **NO**

If Yes, which club: .....

**7.  I agree to abide by the constitution and rules of Noarlunga Model Aero Sports Inc.**

**8.  I agree to receive official club text messages to my mobile phone advising me of upcoming club activities etc.**

**Signed:** .....

**Date:** ...../...../.....

**All applications will be submitted to the committee for approval.  
The committee of N.M.A.S Inc. reserves the right to refuse applications.**

### **NEW APPLICANTS**

Please forward completed form to the Secretary. This can be done by handing it to any NMAS committee member, by post, or by email to [secretary@nmas.info](mailto:secretary@nmas.info)

**Direct deposits** may be made to;  
Noarlunga Model Aero Sports Inc  
BSB 035 087 Account 179612  
**Please use your name as the transaction reference.**

**Please do not make any payment until advised that your membership application has been approved by the committee.**