

FLYING TRAINING GROUP

APPLICATION FOR MEMBERSHIP

Application is hereby made on behalf of:

(Please print full name of Flying School)

Postal Address:

Phone: _____ Fax: _____ Email: _____

To become a member of the Royal Federation of Aero Clubs Flying Training Group.

Owner/ Person to whom information is to be sent: _____
Address (if different to above)

Phone:(BH) _____ Fax: _____ Email: _____

Chief Flying Instructor: _____

Airfield/s from which your training operations occur _____

Signed: _____ Name: _____ Date: _____

TAX INVOICE
MEMBERSHIP FEES 1st JULY to 30 JUNE - \$110.00

PLEASE RETURN COMPLETED FORM TO:

RFACA FLYING TRAINING GROUP
PO BOX 72
CAMPBELL ACT 2612

Tele: 02 6253 9724
Fax: 02 6253 9281
Email: rfaca@ozemail.com.au
Website: rfaca.com.au
