AUSTRALIAN WOMEN PILOTS' ASSOCIATION
ABN 61 009 026 279
MEMBERSHIP APPLICATION

Title_____Surname_____First Name_____

Postal Address _____

State_____Postcode_____

Residential Address _____

Phone Home (STD_____) _____Business (STD_____) _____

Fax (STD_____) _____Mobile_____

Email_____

Date of Birth _____Usual Occupation _____

Licence Number _____Date of Issue _____Hours Flown _____

Licence Type (eg PPL for Helicopter) _____

Annual Subscription – A Membership year is from 1st September to 31st August. Half year is from 1st March
Student Pilot Membership is open to a female student pilot for a maximum of two years or until gaining a PPL.
Applies to member currently in training on a Student licence, irrespective of age or occupation.
Junior Membership is open to any female under 18 years of age with an interest in aviation and not yet a student pilot.
Associate Membership is open to any female person whose interest lies in aviation related activities and who is not eligible to become a Full, Student or Junior Member.
NB: Junior and Associate Members are not entitled to voting rights.

Please circle membership category applicable.

Full Membership	$65.00	Half-yearly	$32.50	Applies after 1st March
Student Pilot Membership	$45.00	Half-yearly	$22.50	Applies after 1st March
Junior Membership	$30.00	Half-yearly	$15.00	Applies after 1st March
Associate Membership	$65.00	Half-yearly	$32.50	Applies after 1st March

$15.00 Insignia Badge GFPT or Higher $_____ Donation to Endowment Fund

Payment Method (please circle) Cheque Money Order Credit Card Direct Credit

*** For Direct Credit, please provide proof of payment, (copy of bank deposit slip or internet banking transaction) place in the **Reference**: INITIAL SURNAME POSTCODE eg. J Citizen 1234. Please send this completed form plus attach your proof of payment. ***
Pay to: **AWPA BSB 062-904 Account Number 10313198 - Put in Reference**

To pay by credit card, please complete below:

Please charge $_____ MasterCard Visa

Card Number: _____/_____/_____/_____ Expiry Date: _____/_____

Name on Card: _____Signature:_____

Please forward to: Membership Secretary PO Box 466 COOTAMUNDRA NSW 2590