

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:	NRIC no:	(Please attach 2 passport photo)
Current address:		
*Gender: M / F	Age:	
Race:	Religion:	
Contact no (h):	Contact no (hp):	
Date of birth:	Email:	
Birth Place:	Citizenship:	Dialect:
Marital Status:	No of children:	Hobbies:

\*Please cancel where appropriate

### OCCUPATION DETAILS

Occupation:	
*School/ Company:	
Teacher-in-charge (if applicable):	Contact no:

### EMERGENCY CONTACT

In case of emergency, To notify Name:	
Address:	Phone:
Relationship:	

### MEDICAL HISTORY

Any medical conditions/ allergies:	
Any past/ current injuries:	Medication needed:

### VOLUNTEER INFORMATION

*Would you like to help the club in events (eg. Carnivals, Competitions): Yes / No
Any past experience:

### REFERENCES

Name	Membership No.	Phone

### TYPE OF MEMBERSHIP

Young membership (below 18 years old) <input type="checkbox"/>	Youth membership (18-26 years old) <input type="checkbox"/>
Adult membership (above 26 years old) <input type="checkbox"/>	Premium membership (for mentors) <input type="checkbox"/>

### SIGNATURES

I authorize the verification of the information provided on this form. I agree to the terms and conditions of Just Fly It Control Line Aeromodelling Club.

Signature of applicant:	Date:
-------------------------	-------

