



MEMBERSHIP APPLICATION FORM

FIRST NAME:		LAST NAME:	
RESIDENTIAL ADDRESS:			
LANDLINE NO:	MOBILE NO:	EMAIL ADDRESS:	
OCCUPATION:			
EMERGENCY - CONTACT NAME:		RELATIONSHIP:	PHONE:
ARE YOU A MEMBER OF A MFNZ AFFILIATED MODEL FLYING CLUB: YES NO			
IF YES, NAME OF CLUB:			
DO YOU HAVE A NZMAA/MFNZ NUMBER: YES NO MFNZ NUMBER : (Record previous Number if Membership has lapsed)			
DO YOU HAVE A CURRENT WINGS QUALIFICATION: YES NO			
(If a beginner requiring instruction)			
TRANSMITTER MODEL :		MODE: 1 (throttle on right stick) 2 (throttle on left stick)	
MEMBERSHIP CATEGORY: Senior Junior (under 18 years) Family Associate			
I wish to become a member of the Tauranga Model Aircraft Club (Inc.) (TMAC) and I agree to abide by the Bylaws and Safety Rules of the club.			
<p>PRIVACY ACT 1993 – PERSONAL INFORMATION</p> <ul style="list-style-type: none"> In accordance with the Privacy Act 1993; I authorise TMAC to use such personal information as listed on this membership application form for the purpose of planning and promoting TMAC activities, communicating information to me concerning my membership responsibilities and/or listed interests, publishing competition results, mailing/emailing TMAC's official communications, providing general statistical information to approved organisations and any other lawful purpose relating to membership of TMAC. I consent to my phone number being advised to other members of the club, to facilitate communication between members. 			
SIGNED:		DATE:	

PLEASE NOTE: All applications for membership will be reviewed by TMAC's Committee at its earliest convenience and a decision will be advised to each applicant following the review.

On completion – either electronically complete this form save it then email to taurangamodelfly@gmail.com, or scan, print and complete then post to:- Secretary TMAC, 25 Montana Drive, Pyes Pa, Tauranga 3112.

Amended September 2025