MEMBERSHIP APPLICATION

Fredericton Model Aircraft Club

http://flyFMAC.ca contact@flyFMAC.ca

MAAC # _____

Name _____
First Initial Last (Please ensure your last name matches your MAAC card EXACTLY)

Address _____
Street, Avenue, Blvd., etc.

City _____ Province _____ Postal Code _____

Occupation _____

Telephone _____ Email _____

FMAC will not disclose any personally identifiable information without your permission unless we are legally required to do so or if we believe that such action is necessary in relation to a claim made under our MAAC insurance policy that involves you. Your disclosure of your telephone number, email address or occupation is voluntary. By so disclosing, you consent to FMAC contacting you in relation to the organization as it deems appropriate, including to seek your help as a volunteer in areas in which you may have a particular expertise.

How did you hear about FMAC?

☐Friend ☐Family ☐Club ☐Web ☐Mall Show Other _____

Declaration:

I understand that engaging in air modeling activities may be dangerous. I have read and will abide by the rules and regulations that have been established, or will in future be established, by the Model Aeronautics Association of Canada and by the Fredericton Model Aircraft Club. I understand that my failure to comply with these rules and regulations may result in denial of my membership and/or in failure of insurance coverage.

Signature _____ Date 2 0 _ _ - _ _ - _ _
(parent or guardian must sign if applicant is under the age of 18 and agrees to provide the appropriate supervision to the applicant)
Y Y Y Y M M D D

Select your Membership Type:

Free	☐	Junior Member
$10	☐	Social Member
$40	☐	Full Member (New)
$75	☐	Full Member (Renewal)

Make cheque or money order payable to:
FREDERICTON MODEL AIRCRAFT CLUB

Mail completed application and payment to:
FMAC c/o Jeff Bourque
156 Burpee St
Fredericton, NB E3A 1M5
or deliver in person to any member of the FMAC Executive.