

## AUSTRALIAN ASSOCIATION OF RETIRED AIRLINE PILOTS and AVIATION PROFESSIONALS

aarap.org.au

## **MEMBERSHIP APPLICATION FORM**

| NAMESP  | OUSE/PARTNER               |
|---|----------------------------|
| ADDRESS                                       |                            |
|   |                            |
| <u>PHONE</u> <u>E-N</u>                       | I <u>AIL</u>               |
| BIRTH DATE                                    |                            |
| Contact person in case the member changes add | lress or is uncontactable. |
|   |                            |
| RETIREMENT DATE                               |                            |
| SUMMARY of CAREER DETAILS prior to RETIR      | <u>EMENT</u>               |
|   |                            |
|   |                            |
|   |                            |
|   |                            |
| APPLICANT'S SIGNATURE                         | DATE                       |
| PROPOSER'S SIGNATURE                          |                            |
| FEES PAID \$                                  | <u>=====</u><br>DATE       |
| SIGNED FOR COMMITTEE                          | <del></del>                |
| DATE ELECTED                                  |                            |
| <u> </u>                                      |                            |

Please forward your completed Membership Application form together with **annual subscription of \$30.00** (paid by EFT to AARAP, BSB 484 799, Acc. 000044125) to: - Capt. Michael Gilsenham, Secretary <a href="mailto:migilsenan777@gmail.com">migilsenan777@gmail.com</a> Or post to A.A.R.A.P. P.O Box 172, Isle of Capri. 4217 Qld. (Note: - Our bank does not accept cheques.)