SOUTH AUSTRALIAN SOCIETY OF MODEL & EXPERIMENTAL ENGINEERS

APPLICATION FOR MEMBERSHIP

FULL
JUNIOR
FAMILY
COUNTRY

NAME.....

D.O.B..... AGE.....

ADDRESS.....

POST CODE.....TELEPHONE NO.....MOBILE NO.....

EMAIL.

Which types of Model Engineering are you interested in: (please tick)

GENERAL.....STEAM.....LOCOMOTIVES.....MARINE.....STATIONARY.....

OTHER INTERESTS (Please give details).....?

How long have you been interested in model engineering.....years?

Are you a member of any other similar club.....?

What models have you completed or partly made.....?

Name of Employer.....

Your Occupation.....

SIGNATURE OF APPLICANT.....DATE.....

PROPOSED BY (Name).....SIGNED.....

SECONDED BY (Name).....SIGNED.....

If applying for a junior membership the signature of your parent or guardian is required to signify approval for you to attend meetings and events.

PARENT'S NAME..... SIGNED.....

Date the Application Tabled ...../...../..... ...../...../.....
(Committee) (General Meeting)

Application to lay tabled for one month.

DATE APPLICANT ELECTED AT GENERAL MEETING...../...../.....