



AUSTRALIAN BONANZA SOCIETY LTD.

ACN 057 887 500
ABN 55 057 887 500

Application for Membership

Please PRINT this form, complete and post to:

The Secretary, Australian Bonanza Society Ltd. - PO Box 3177 Mornington Vic 3931
Phone: 03 9589 2237 Fax: 1300 305 047

I hereby apply to be elected a Member of the AUSTRALIAN BONANZA SOCIETY LTD. and enclose AUD\$..... (see below) to cover my subscription for the year ending 31st December 2007. Membership is effective on receipt of application and fee and is subject to approval of the committee in accordance with the Memorandum and Articles of association.

Applicant's Name in full Mr/Mrs/Miss/Ms/Other:
(Surname) (Block Letters Please)

Preferred Name & Title: Name of Spouse:

Mail Address:

City: State: Postcode:

Phone Home: Phone Business:

Fax: Mobile: Aircraft Type:

Email: Registration VH:

Proposer: (Optional) Signature:
(PRINT NAME)

Seconder: (Optional) Signature:
(PRINT NAME)

"If you do not know an existing member to Propose and Second your Membership Application, please forward this form to the ABS without filling in this information and the Committee will complete your application."

In consideration of my being elected a member of the Australian Bonanza Society Ltd., or my being granted the facilities of membership:

- (a) I agree to abide by the Articles of Association, Rules & By-laws of the Australian Bonanza Society Ltd. that may be in effect from time to time.
- (b) I agree (and on behalf of my executor and administrator) to indemnify Australian Bonanza Society Ltd., its members or any of its employees or persons under its control or direction or its officers against any claim which may be made against it or any of them in respect of any such injury, loss or damage which occurs to me or my property: and
- (c) I agree (and on behalf of my executor and administrator) to indemnify Australian Bonanza Society Ltd., its members or any of its employees or persons under its control or direction or its officers against any injury, loss or damage to any other person caused by me (whether or not the injury, loss or damage was caused by my negligence or otherwise).

Signature of Applicant: Witness: Date:

ANNUAL SUBSCRIPTION Individual Member AUD\$150, Family Membership AUD\$200
YEAR ENDS 31ST DECEMBER (Half annual subscriptions after 1st July)

Date Received: Committee Meeting Approved: Membership No.:

(We have credit card facilities to make your renewal more convenient)

Payment Details: Cheque Credit Card Visa Mastercard * Amex not accepted
Credit Card No:

Name: Expiry Date: Signature: