



Membership Affiliation Form

(Please use BLOCK CAPITALS throughout this form)

| | | | |
|---|--|--------------|----------|
| Name | | Home Phone | |
| Address | | Work Phone | |
| | | Mobile Phone | |
| | | Fax | |
| | | E-Mail | |
| Would you accept Flight Lines and other communications by email (this is a survey only and we will communicate with you again before this will be implemented) | | | YES / NO |

| | | | |
|------------------------------------|--------|----------------------------------|---|
| Have you been a MACI member before | | If yes, give reg. No. (if known) | IRL - |
| Tick for type of membership | Senior | Spouse / Partner | Junior (under 18) |
| | | | Family Junior (Junior sharing address with a parent member) |
| Club | | | Tick for non club |

Membership of an affiliated club is a requirement for MACI insurance cover – see declaration below

I agree to be bound by the rules and by-laws of the MACI.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

| | |
|---|--|
| Signature of club secretary/treasurer confirming membership of club | |
|---|--|

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|--|-------|
| ALTERNATIVE DECLARATION IF AFFILIATING TO MACI AS A NON CLUB MEMBER (without a B-Cert and for the first time after 25 th November 1995) | |
| I wish to affiliate to the Model Aeronautics Council of Ireland <u>without any insurance cover.</u> | |
| I hereby renounce all claims to MACI insurance and I indemnify MACI, its officers, members and affiliated clubs against any claim which might arise as a result of any action of mine. | |
| Signature: | Date: |

FEES: Senior: € 70 Spouse/Partner/Junior: € 25 Family Junior: € 15

| | | |
|------------------------|---|-------|
| New Members and Lapsed | 1 st Apr to 30 th Sept | € 70 |
| members over 3 years | 1 st Oct to 31 st Dec | € 25 |
| | (Spouse/Partner/Junior from 1 st Oct to 31 st Dec | € 10) |
| | **1 st Jan to 31 st Mar | € 70 |

**The full fee for following year giving up to 15 months membership to the following March.
Membership without insurance cover: € 20 (senior), € 8 (junior)

Please send this form with remittance to:
Sylvester Lenihan, MACI Treasurer, 102 Caiseal Cam, Roscam, Galway, Co. Galway.