



MODEL AERONAUTICAL ASSOCIATION OF AUSTRALIA

APPLICATION FOR AN EDUCATION VISITOR GROUP

This form to be completed in conjunction with the Procedure MOP042: Policy for Visitor Insurance at Flying Fields

1. Name of Sponsoring Education Officer AUS No:

2. Address

Post Code Phone Email:

3. Name of Sponsoring Organisation

4. Location of Main Course

5. Name of Course Organiser

6. Address

Post Code Phone Email:

7. Host Club State Affiliation:

8. Dates of the Activity: From/...../..... to/...../.....

9. List of participants is attached with full name, address and date of birth Tick box

10. The Sponsoring Organisation is liable for any insurance excess. Yes / No

I hereby apply for temporary membership of the Club for the members of my Education Group as detailed on the attached list for the period of time indicated above. I have received a copy of the conditions for Education Groups together with any specific club conditions and agree to abide by those conditions. I agree that my organisation accepts liability for any insurance excess that would be applied to MAAA affiliated members.

Course Organiser's Signature Date

Specific conditions for this Education Group required by the Host Club (if any)

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The conditions for temporary membership of this Education Group as detailed above have been agreed to.

Club Official's Signature Date

Club Official's Name and Position

Approved by the State Education Subcommittee member: YES

Signature: Name: Date:

Approved by the MAAA Secretary: YES

Signature: Date: