

Warwick Aero Modellers Inc.

Visitors Sign in Sheet

Date: _____

Field Location: Warwick Stanthorpe

Visitor's Name: _____

Address: _____

Phone No: _____

Email Address: _____

Visit No: **- 1 - 2 - 3 - 4 -**

I agree to abide by the WAM "Field Safety Rules" and "MAAA Guidelines" as explained to me by the WAM Member. I acknowledge that I can have four (4) flying visits before becoming WAM financial member.

Signature: _____

WAM Member Details

Members Name: _____

AUS Number: _____

Signature: _____

Note: This form must be forwarded to the WAM secretary upon completion.

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