



Volunteer Membership Application - Friends of Classic Flyers

We invite you to join Classic Flyers as a **VOLUNTEER MEMBER** and to enjoy the many benefits.

As a new **VOLUNTEER**, I would like to enclose payment for: **Volunteer Membership:** \$36.00

Our rostered shift times are: 9.00am - 12.00pm or 12.00pm - 3.00pm (7 days a week)

Members usual attendance is 2x shifts per week.

- Receive a personalised Hi-Viz jacket.
- Classic Member Card loaded with \$36 to spend at Avgas Café.
- Free entry for you & your family to visit the Aviation Museum all year round.
- Regular updates via our APB / Newsletter system.

We welcome any participation level that volunteers may wish to offer in this way. Tick the ones you like most.

Customer Services / Museum Guide.	<input type="checkbox"/>	Display Maintenance / Museum Arrangement.	<input type="checkbox"/>
Administration Help.	<input type="checkbox"/>	Library / Archive Cataloguing.	<input type="checkbox"/>
Aircraft Handling and Flight Ops.	<input type="checkbox"/>	Cleaning / Building / Grounds Maintenance and Care.	<input type="checkbox"/>
Kids Parties / Group Visits / Tutoring Students	<input type="checkbox"/>	Engineering / Mechanical / Woodwork / Painting.	<input type="checkbox"/>

Current Work commitments: Full Time Part Time Retired Student

Please add any further information that you think is relevant including your situation and particularly what types of tasks you have experience of or really like to do: _____

Indemnity Statement While in attendance at Classic Flyers NZ or at any Classic Flyers NZ events, I agree to comply with all procedures designed to ensure the safety and security of all persons attending. Classic Flyers accepts no responsibility for damage to your property, nor for personal injury while in attendance. It assumes adherence by all members to OSH policies and standard procedures in place. (This includes contact details being passed to other members to permit inter membership contact.)

Name: _____

Email: _____
(Please print Clearly)

Address: _____

Mobile: _____ Allergies/Medications: _____

Emergency contact: _____ Emergency Mobile: _____

Signature (Member) _____ Date: _____

For office use only:

Accepted _____

Emailed _____

Roster _____

Amount _____

Paid _____

Member No. _____

THIS SECTION BELOW RESERVED FOR OFFICE USE ONLY

RECEIPT

Paid to BOPCAT and as a membership donation the amount of \$..... dated/2026

Payment Type (circle type) CASH / DIRECT CREDIT / EFTPOS / CREDIT CARD

Bay of Plenty Classic Aircraft Trust - CC No: 30067

Please make payments payable to **BOP Classic Aircraft Trust** - 9 Jean Batten Drive, Mount Maunganui 3116.

Internet Banking - BNZ **02-0466-0341835-00** - Please ensure your name is in the Reference field.