



## Friends of Classic Flyers – Volunteer Membership Application 2025

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

As a new **VOLUNTEER**, I would like to enclose payment for: Adult Membership:  \$72

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

It would be most helpful if you could commit to a **regular morning or afternoon** slot in the museum.

Please let us know your preferences and intended involvement level and if you would be available at any other times: We welcome any participation level that volunteers may want to offer in this way. Please indicate your interests below.

Customer Services / Museum Guide. <input type="checkbox"/>	Displays Maintenance. <input type="checkbox"/>
Administration. <input type="checkbox"/>	Library / Archives entry / Upkeep. <input type="checkbox"/>
Aircraft Handling. <input type="checkbox"/>	Cleaning / Building / Grounds Maint. <input type="checkbox"/>
Classic Flyers NZ – Aircraft Owner. <input type="checkbox"/>	Engineering / Mechanical. <input type="checkbox"/>

Current Work commitments: Full Time  Part Time  Retired

Please add any further information that you think is relevant including your situation and particularly what types of tasks you have experience of: \_\_\_\_\_

**Indemnity Statement** While in attendance at Classic Flyers NZ or at any Classic Flyers NZ function or 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: \_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature (Member) \_\_\_\_\_ Date: \_\_\_\_\_

<b>For office use only:</b>	
Accepted	_____
Emailed	_____
Roster	_____
Amount	_____
Paid	_____
Member No.	_____

THIS SECTION BELOW RESERVED FOR OFFICE USE ONLY

### RECEIPT

Paid to Classic Flyers and as a membership donation the amount of \$..... dated ...../ 2025

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

Classic Flyers Charity Commission NO: 30067

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

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