

APPLICATION FORM

AeSM/JG/Jan2020



THE AERONAUTICAL SOCIETY
OF MAURITIUS

JUNIOR AVIATORS

AERONAUTICAL SOCIETY OF MAURITIUS (AeSM)

This is to confirm that

I am interested in joining the JUNIOR AVIATORS of The Aeronautical Society of Mauritius (AeSM)

MY NAME

MY AGE..... (You should be between 12 and 18 years old) DATE of BIRTH.....

MY FORM in SCHOOLor GRADE

MY EMAIL ADDRESSTEL. NUMBER.....

Parental support

PARENT/GUARDIAN NAME

I am willing for my son/daughter to apply for membership of the JUNIOR AVIATORS of the AeSM

SIGNATURE

DATE

Parent/Guardians TEL NO. or email address

To Note: An Annual membership fee of RS 50 is proposed as confirmation of serious interest. Activities related to aviation will be arranged during school holidays, which may require an additional cost for transport.

Completed forms to be emailed to Secretary AeSM, secretary@aesm.mu