APPLICATION FORM

AeSM/JG/Oct2021



JUNIOR AVIATORS

AERONAUTICAL SOCIETY OF MAURITIUS (AeSM)

This is to confirm that	
I am interested in joining the JUNIOR AVIATIORS of The Aeronautical Society	ciety of Mauritius (AeSM)
MY NAME	
MY AGE (You should be between 12 and 18 years old)	DATE of BIRTH
MY FORM in SCHOOLor GRADEor	
MY EMAIL ADDRESSTEL. NUMBER.	
Parental support	
PARENT/GUARDIAN NAME	
I am willing for my son/daughter to apply for membership of the JUNIOI	R AVIATORS of the AeSM
SIGNATURE	DATE
Parent/Guardians TEL NO. or email address	

To Note: A one time membership fee of RS 300 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