



# Malta Model Aircraft Flying Association

New Membership Application - Effective from Effective 14th April 2025

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This application is considered INVALID for processing if not properly filled and do not have attached the Check list and the documentation required.

## The Committee

I the undersigned wish to apply to be considered becoming a member of the Malta Model Aircraft Flying Association as a:

Mark "X" as applicable		Application/Date (DDMMYY)		Office use:
Flying Member	<input type="checkbox"/>	Non Flying Member	<input type="checkbox"/>	Day
				Month
				20

In accordance with the Statute of the Association I accept that my application may be rejected without prejudice and it being obliged to give me the reason why it was rejected

Applicant Surname & Name :

Address:

Locality:

Post Code

PHOTO

I.D. card No.

Date of Birth DD/MM/YY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65+	<input type="checkbox"/>
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Tel/Mobile No.

Email:

Complete next sections (a) and (b), DO NOT LEAVE BLANK. Write NONE if not applicable

(a)

I am a member of another Radio Control Club even if in another State . Name the Club and whether you are a normal member or a committee member

(b)

Please provide details of any Commercial Interests you may have involving the use of Radio Control Model Aircraft or any other type if UAS.

Annual membership fees, for the period from 1st January to 31st December (Mark "X" as applicable)

Full Member Age 18 to 65	Full Member Age 65 +	Junior Member Under age18	Tertiary/University & Special Student Member	Family Membership		Non Flying Flying Member
				Adult Family Member	Each Junior Member	
85 €	60 €	55 €	55 €	85 €	40 €	40 €
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERSHIP FEE WILL ONLY BE ACCEPTED AFTER YOU HAVE BEEN INFORMED THAT YOUR APPLICATION HAS BEEN APPROVED.

No Cash Payments will be accepted

Payment of membership fees shall be effected via the following options stating your assigned membership number

Option A:  Mobile to Mobile to 79528713

Option B:  Bank Transfer to I BAN: MT66VALL22013000000040014962916

I confirm that the above information and the documentation attached are true and correct.

Applicants Signature :

If applicant is under 18 years of age:

Surname and Name of Parent of Guardian

Parent/Guardian ID card No.

Signature of Parent/Guardian

Notes:

(1) Prorate payment of initial membership fees as stated above shall apply if joining the Association between 1st September and 31st December.

(2) Members of the same family up to the first degree and residing in the same address of an already paid up full member will be charged as Family membership fee up to the 18th birthday date.

(3) The information on this form shall be retained by the MMAFA only for the purpose of database, to communicate with you as the need arise and for any submissions required by insurers, legal or Government entities



For an application to be considered you must send the Application, marked and signed Docs Check List and the docs as marked.

With the application and Documents do not pay the membership fee. The fee is due to be paid once the Committee approves your membership

Mark with an X in the box provided as a document attachment to the Application From

### Mandatory

1	Filled in Application Form	<input type="checkbox"/>
2	Two Recent Colour Passport Size Photo	<input type="checkbox"/>
3	Valid Identity Document Front and Back (in colour)	<input type="checkbox"/>
4	Police Conduct Certificate	<input type="checkbox"/>

### Optional for Committee consideration

5	Proof of any flying Experience for grading other than as a trainee. (add copy of your latest RC Aircraft Flying Cub Membership Card and flying grade)	<input type="checkbox"/>
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If (5) is applicable - your signature confirms your acceptance to sit for the Multi Choice Test and obtain a minimum pass mark of 75%.

The Committee reserves the right to request a check flight for the grade to be issued on the MMAFA membership card.

I, \_\_\_\_\_ the undersigned hereby confirms that all documentation attached are true and correct. I further agree  
Surname and Name that I cannot exercise my flying rights before I am confirmed as a member, I am registered  
on the MMAFA/TMCAD I-Dronect, and signed that I have read, understood and abide with  
the current Standing Regulations of the MMAFA

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Identity Document Nr:

\_\_\_\_\_  
Date