Tauranga Gliding Club Inc.

Club Membership Application

To complete your application for membership you must:

e-mail to:

treasurer@glidingtauranga.co.nz

- 1. Complete this application fully
- 2. Have the club medical verification signed by a GP and be fully vaccinated against COVID 19
- 3. Transfer the appropriate membership fee

Notes:

No application will be considered by the club unless correctly filled out with the relevant fee enclosed. A medical certificate is not required by persons joining as associates, or for persons holding a current CAA Part 61 Pilot's Licence. The Medical Certificate can be found in the MOAP, GNZ web site www.gliding.co.nz/moap

Applicants will continue paying immediately for each flight until officially notified of acceptance as club member. Acceptance of membership is for a probationary period of six months, followed by full membership. A person declined for membership will have any application monies refunded and may reapply after six months. Applications must be proposed and seconded by current financial members.

Applicants details <u>:</u>		_	
Full Name		Date of Birth	/ /
Home		Occupation	
Address		Home	
Postal		Mobile	
Address		Trial Flight Date	/ /
e-mail		Voucher Number	
Next of Kin			
Name &		Height & Cost	
Mobile			
Fully vaccinated again	nst COVID 19 Yes / No		
Flying			
Experience			
Joining as a Glidin	g / Tow Pilot / Associate	Member (Circle app	olicable)
Proposed by	Signed	Da	nte
Seconded by	Signed	Da	ate
way be liable for any personal of that the information provided a	he club and also agree that nether t r material loss or damage whatsoe bove may only be used by the Taur my name and contact details will a	ver suffered by me during m anga Gliding Club and the N	y membership. I agree ew Zealand Gliding
Applicants signature		Date	
Guardian signature		Date	
CFI Approval		Date	
President Approval		Date	