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:

Applicants details:

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.

Full Name Home Address Postal Address e-mail					Occu			' / ' /	-
Next of Kin Name & Mobile					Height	& Cost			
Flying									1
Experience									
Joining as a	Gliding	/ Tow Pilo	t / Assoc	iate	Member (Ci	rcle app	olicable	e)	
Proposed by Seconded by							ate		
agree to abide by the way be liable for any p that the information p Association, understa	personal or provided ab	material loss of ove may only b	r damage wh e used by the	atsoev Taura	ver suffered by me anga Gliding Club	e during m and the No	y membe ew Zeala	ership. I agre nd Gliding	ee
Applicants sign	nature					Date			
Guardian signature						Date			
CFI Approval						Date			
President Appr	roval					Date			