

**KINGAROY SOARING CLUB
APPLICATION FOR MEMBERSHIP**

SELECT as necessary

I,.....(Full name in block letters)

Hereby apply for # GFA number (if already a GFA member)

of the Kingaroy Soaring Club

If accepted, I agree to be bound by the Rules, Regulations and Articles of Association of the Kingaroy Soaring Club as well as by the Regulations of the Queensland Soaring Association and the Gliding Federation of Australia. I further agree to indemnify these Organisations and their Officers and Members against any claims what-so ever arising from or incidental to the participation of myself, my spouse, my children or other dependants and/or my guests in gliding activities in the air and on the ground or in any other activities conducted by or under the auspices of these Organisations or from the use or occupancy of their facilities.

Dated Signature.....

Address..... Occupation.....

..... Date of Birth.....

.....Post Code..... Religion.....
(Not mandatory)

Email.....

Phone ()..... Mobile.....

Fax ()..... Bus. Phone ().....

Previous Flying Experience & Qualifications:

Power..... Total Hours.....

Gliding..... Total Hours.....

Ultra light etc. Total Hours.....

If UNDER 18 : Signature, Parent or Guardian.....

Name and Address, Parent or Guardian.....

Phone Number of Parent or Guardian ().....

NEXT of KIN : Name..... Relationship.....

Address.....

Phone No. ()..... Mobile.....

PROPOSED BY : as a witness to applicants signature

SECONDED BY :

APPROVED BY CLUB COMMITTEE : Date...../...../.....
(Secretary to sign & return to office)

Club computer entry completed/...../..... By.....

Joining Fee : \$..... Received By.....

Club Subscription \$..... \$..... To accompany this application
GST Inc.

Date...../...../..... Receipt No.....
