

Application for Membership

(Note – A different form is to be used for Short Term Membership applications)

SURNAME: FIRST NAME:	
POSTAL ADDRESS:	
TELEPHONE: Home: Work: Mobile	
EMAIL:	
DATE OF BIRTH: OCCUPATION:	
I hereby apply for Flying/Family/Junior/Non-Flying Membership of the Wellington Gliding Club Incorporated. (Delete membership type as appropriate).	
I agree to be bound by the Rules and Regulations of the Club. I have read Rule 14(a) of the (see below) and acknowledge that the Club is in no way responsible to me, my dependent person for any injury or damage sustained to me or them or for any damage which may be property while I am flying in any Club aircraft or while I am on the Club's premises or further agree to indemnify the Club against any claims which may be brought by any respect of damage or injury caused by me while flying Club aircraft or while I am on the Clor aerodrome.	ts or any other be done to my aerodrome. I third party in
I have read the medical declaration and am unaware of any medical reason which wou from flying an aircraft solo.	ld prohibit me
Signature of Applicant: Date:	
If the application is under 18 years of age the following must be completed:	
We, the parents or guardians, hereby acknowledge that we have read the foregoing and consent to the applicant becoming a member of the club on the terms stated.	
Signed: and	
Flying/Family/Junior/Non-Flying Membership:	
Proposed By: Seconded By Date:	

RULE 14(a): Neither the Club nor any member thereof shall be liable to any other member in respect of any damage, loss, or injury suffered by a member caused by the negligence, breach of statutory duty or other default of the Club or its agents or any member of the Club.

Mail to: PO Box 30200, Lower Hutt