



Wellington Gliding Club Inc  
www.soar.co.nz

## Application for Membership

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

PO Box 30200, Lower Hutt 5040

SURNAME: ..... FIRST NAME: .....

POSTAL ADDRESS: .....

TELEPHONE: Home: ..... Work:..... Mobile .....

EMAIL:.....

EMERGENCY CONTACT: .....

DATE OF BIRTH: ..... OCCUPATION: .....

**I hereby apply for Flying/Family/Youth/Social 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 Club's rules (see below) and acknowledge that the Club is in no way responsible to me, my dependents or any other person for any injury or damage sustained to me or them or for any damage which may be done to my property while I am flying in any Club aircraft or while I am on the Club's premises or aerodrome. I further agree to indemnify the Club against any claims which may be brought by any third party in respect of damage or injury caused by me while flying Club aircraft or while I am on the Club's premises or aerodrome.

I have read the medical declaration and am unaware of any medical reason which would prohibit me from flying an aircraft solo.

**Signature of Applicant:** ..... **Date:** .....

**If the application is under 18 years of age the following must be completed:**

We ..... and ....., 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/Youth/Social 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.