



## CANTERBURY GLIDING CLUB

The Canterbury Gliding Club (Inc) is affiliated to Gliding New Zealand (Inc)



### APPLICATION FOR MEMBERSHIP

Full name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email address: \_\_\_\_\_

Nominated by (club members): \_\_\_\_\_ (signed)

- I hereby apply for (delete not applicable) **Full flying / Family flying / Associate / Junior / Student / Social / International Visitor** / membership of the Canterbury Gliding Club Inc.
- Membership requires nomination by two club members and acceptance by the club Executive.
- I agree to observe and abide by the rules of the Canterbury Gliding Club, Gliding New Zealand ([gliding.co.nz](http://gliding.co.nz)) and the New Zealand Civil Aviation Authority ([aviation.govt.nz](http://aviation.govt.nz)).
- I agree to pay my flying and membership fees and to keep my account in credit by at least \$100.
- I understand that my account will be debited for my annual Membership Subscription and Accident Costs Contribution Scheme fees at the current rate on 1 June each year until I give written notice to the Secretary that I wish to terminate my membership.
- I **have / have not** (delete one) caused damage to an aircraft or glider in the past five years.
- I understand that payment of the compulsory Accident Costs Contribution Scheme Fee waives me from accidental damage costs to aircraft, including the insurance excess. However, where a claim is declined by our insurers through negligence or non-adherence to normal standards of operation, I understand that I may be liable for the full costs of repairs (or insured value) and third party damage.
- I further understand that in the event of damage to any non-aircraft club property I may be liable for a sum not exceeding the applicable insurance excess. In circumstances that cannot be considered 'normal' (e.g. drug or alcohol related, malicious damage, etc.), the costs to be met by me will be at the discretion of the Executive Committee and/or the club's insurers.
- I declare to the best of my knowledge I suffer from no disability that will affect my flying and understand that I need to submit a medical certificate and declaration to the Club Chief Flying instructor prior to me flying solo.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PTO

**If applicant is under 18 years, I \_\_\_\_\_ (full name) being the parent/guardian of the applicant, hereby consent to his/her joining the Club and being bound by its rules.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Current membership fees are listed on the Canterbury Gliding Club website  
[canterburyglidingclub.nz](http://canterburyglidingclub.nz)

Membership fees and the Accident Costs Contributions Scheme fees must be paid before flying can commence. Please make payment to the Canterbury Gliding Club Inc., account number 01-0811-0011563-02. Please put your name as the reference for the payment.

Membership fees (but not the Accident Costs Contributions Scheme fees or GNZ fees) for the first year of membership are pro-rated on a monthly basis if joining part way through the club's financial year (June-May).