



Temora Gliding Club Incorporated

ABN 17 419 487 572

APPLICATION FOR MEMBERSHIP

To the Committee, Temora Gliding Club

I, _____
First and Middle Name / SURNAME

of _____
Address

Telephone: _____ (Home) _____ (Work / Mobile)

Email address: _____ Occupation: _____

desire to become a member of the Temora Gliding Club and request you to enter my name on the Register of Members accordingly. I agree to be bound by the rules, regulations and by-laws of the club as in force from time to time. The category of membership I apply for is (tick appropriate box):

- | | |
|---|--------------------------|
| Full membership | <input type="checkbox"/> |
| Junior membership¹ | <input type="checkbox"/> |
| Associate membership² | <input type="checkbox"/> |
| Family or Social membership | <input type="checkbox"/> |
| Tow pilot member³ | <input type="checkbox"/> |

¹ Junior is a person aged 26 years or younger

² Affiliate member must be a full (or equivalent) category member of another GFA affiliated club

³ Tow pilot member cannot fly Temora GC owned gliders as pilot-in-command

Have you ever been refused or had membership cancelled with another flying group? Yes / No

Date: _____ Signature: _____

We believe the above-named person to be a suitable person to be elected as a member of the Temora Gliding Club:

Signed: _____ Signed: _____
Proposer Secondar

OFFICE USE

- | | |
|---|-------|
| 1. Date posted application on Notice Board | _____ |
| 2. Date application removed from Notice Board and considered by the Committee | _____ |
| 3. Dated elected by the Committee | _____ |
| 4. Receipt number | _____ |