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New Zealand

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### Application For Membership

Please fill in all of the following:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal: (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact: Home: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell: \_\_\_\_\_ I.D.: \_\_\_\_\_

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

Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Type of Membership:** (Please Circle)

**Flying (\$295)**  
\$215 Credit to Account

**Associate (\$25)**  
Social Only

**Youth (Free)**  
Under 16 years of age

I have read, understand and agree to abide by the Flying Rules of the Wakatipu Aero Club and understand that memberships are renewed annually on the 1<sup>st</sup> April.

I DO / DO NOT (delete one) wish to participate in the Aero Clubs' insurance scheme at a cost of \$40 per annum.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Your acceptance to the club will be acknowledged by the issue of an official membership card which may be requested before members rate flying is permitted.

Aviation Experience: (if any)

None    Student    PPL    CPL    ATPL    ATC    LAME

Other: \_\_\_\_\_

CAA Licence #: \_\_\_\_\_ Medical Held:    Class    1    2    3

Medical Due: \_\_\_\_\_ BFR Due: \_\_\_\_\_ Total Time: \_\_\_\_\_

Type Ratings: \_\_\_\_\_

Other interesting information: ie Microlights, gliding, homebuilding, F-18, Space shuttle...

**Office use only:** (delete each on completion)

Form	Paid	Flight21	Secretary	Committee	Passed
PC Entry	Letter/Card	Follow Up	File		