HAWKES BAY MICROLIGHT AIRCRAFT CLUB Inc.

www.microlight.org.nz

Membership Application Form

1. PERSONAL DETAILS

FULL NAME: .....

ADDRESS: .....

TELEPHONE: Home: (.....)..... Work: (.....)..... Mobile .....

E MAIL: ……. Occupation ……DOB…….

2. FLYING EXPERIENCE. (Please note hours)

Microlight…….PPL……. Student…….Hang glider……. Gyrocopter…….

Helicopter…….Glider……. Commercial……. Other…….

3. DO YOU OWN YOUR OWN MICROLIGHT. Yes….. No…..

If yes, Make & Model ……Regd .....Colour .....

4. TYPE OF MEMBERSHIP

……$10.00 FLYING MEMBER. (Membership of a CAA approved Part 149 organisation required).

……$10.00 ASSOCIATE MEMBER. (Non flying)

NOMINATED BY ..... Signed ..... Date .....

SECONDED BY ..... Signed ..... Date .....

5. PLEASE SIGN:

Membership is confirmed with a receipt following acceptance by the club committee.

I hereby agree to abide by the rules, by laws, and regulations of the Hawke's Bay Microlight Aircraft Club Inc.

I understand that every member joining the club and taking part in club activities shall do so entirely at his or her own risk and no member shall make any claim against the club or any officer, member, servant or authorised agent thereof for any injury or loss suffered by any such member through his or her participation in any activities of the club notwithstanding that such injury or loss may have been caused by the negligence of the club or any officer, member, servant or authorised agent thereof.

Signed: ..... Date: .....

Contact the Treasurer for payment and forwarding instructions.