



## MEMBERSHIP APPLICATION FORM

240 Aerodrome Road  
Mt Maunganui 3116  
Phone 5753210  
e-mail: flytac@xtra.co.nz

FULL name.....

**PERSONAL DETAILS:**

Postal Address: (Street).....  
(Suburb).....  
(City).....

Date of Birth: .../.../..... Occupation: .....

Telephone Numbers: (Home).....  
(Mobile)..... (Fax).....  
(e-mail).....

SIGNATURE.....

If under the age of 18 to be signed by a Parent/Guardian

**DETAILS OF FLYING LICENCES HELD:**

Current Licences..... Hours Flown.....

BFR...../...../..... Medical expires...../...../.....

Where did you gain your flying experience? .....

**MEMBERSHIP TYPE:**

Flying \$120.00 annually  
Social/Letter \$40.00 annually  
Partners/Social \$20.00 annually

**ARE YOU LEARNING TO FLY?**

What is your main reason for learning to fly.....

How did you find out about the Tauranga Aero Club.....

Why did you choose the Tauranga Aero Club? .....

I agree to be bound by the rules and regulations of the Club. I acknowledge that the club is in no way responsible for any injury or damage sustained by me or for any damage, which may be done to my property while I am on the Clubs premises or in Club aircraft. I indemnify the Club against any claims brought by any third party in respect of damage or injury caused by me while I am on the Clubs premises or in club aircraft.

Proposed by:

Name:.....Signature.....Date.....

Name.....Signature.....Date.....