TAURANGA AERO CLUB
MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION		
Full Name:		
Date of birth: DD / MM / YYYY	Phone:	Mobile Phone:
Current address:		
Suburb:	City:	ZIP Code:
Email:		
Occupation:		
Emergency Contact:	Phone Number:	Relationship:

DETAILS OF LICENCES HELD	
Current Licences Held:	
Hours Flown:	Last BFR: DD / MM / YYYY
Medical Held:	Medical Expires: DD / MM / YYYY
Where did you gain your flying experience?	

MEMBERSHIP DETAILS			
Full Year Membership: **$180** annually	Half Year Membership: **$120** (Available 1st Oct)	Couple Membership: **$190** annually	Social Membership: **$60** 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?			

SIGNATURES

I agree to be bound by the rules and regulations of the Tauranga Aero 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.

Signature of applicant: If under the age of 18 must be signed by a Parent/Guardian	Date: DD / MM / YYYY
Proposed By: Signature:	Date: DD / MM / YYYY
Health And Safety Form Completed? YES/NO	Entered into Gmail contacts and Mailchimp? YES/NO
Student Debriefs Created? YES/NO	Customer. Contact Completed? YES/NO
Xero? YES/NO	Flight Schedule Pro YES/NO