

WARWICK GLIDING CLUB

ACN 009718441

PO Box 7341 Toowoomba South QLD 4350.

Membership Application

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE Home: _____ Mobile: _____

PHONE Work: _____ Email: _____

Gliding Qualification and Certificates:

Power Pilot Ratings (if any): _____

Date of birth: _____

Membership type	Annual fee	tick one
New Full Membership	\$300	
Membership renewal	\$300	
Junior Membership	\$60	
Associate Membership	\$50	

See below for payment details. GFA fees are separate from, and additional to, club fees. GFA membership can be completed online - www.glidingaustralia.org.

I.....(Full Name), hereby apply for Membership of the Warwick Gliding Club. I agree to be bound by the Rules, Regulation, and Article of Association of the Warwick Gliding Club as well as by the Regulations of Gliding Queensland and the Gliding Federation of Australia. I further agree to indemnify the Warwick Gliding Club, Gliding Queensland and the Gliding Federation of Australia and their officers against any claims whatsoever arising from my participation in flying activities in the air and on the ground and any other activities associated with the said organisations.

Signature: _____ **Date:** _____

If the applicant is under the age of 18 years, a Parent or Guardian is to sign also so indicating their agreement to the above terms and conditions of membership.

Name of Parent/Guardian _____

Address: _____

Phone (Home) _____ **(Work)** _____

Signature: _____ **Date** _____

DECLARATION OF PHYSICAL FITNESS
(ALL MEMBERS)

NOTE : Members who are unable to complete either part a) or b) of this declaration in the affirmative should obtain a medical clearance to fly as set out below. Instructors (Including Air Experience Instructors) who have not undertaken a medical examination for their Power Licences in the last 2 years should have the Medical Practitioner's Certificate Completed.

I (name) _____
hereby declare that either:

a) I am the holder of a current Private Pilot or higher licence no. _____

OR

b) I have not suffered from the following;

- Epilepsy, Fits, Severe Head Injury, Recurrent Fainting , Giddiness, Blackouts,
- Abnormally High Blood Pressure, or previous Heart Disease.

I am not taking insulin for the control of Diabetes.

I declare that, in the event of contracting or suffering any of the above conditions, I will cease flying until I have obtained a medical opinion that it is safe to continue flying.

Signed: _____ Date: _____

For persons under 18 years the signature of the Parent or Guardian is required.

Signed _____ Date _____

- Minor illness, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit to fly.

- If you wear spectacles you should carry a spare pair accessible in flight.

MEDICAL PRACTITIONER'S CERTIFICATE OF FITNESS
(REQUIRED FOR INSTRUCTORS ONLY)

I am the applicant's *G.P /a CAA Designated Medical Examiner* *.

I certify that I have examined the Applicant:

(name) _____

and that to the best of my knowledge the applicant is not suffering from any medical condition which would preclude the applicant from :

- a) *flying in a sailplane with another pilot* *
- b) *flying solo in a sailplane* *
- c) *Carrying passengers in a sailplane* *
- d) *Giving instructions in a sailplane* *

* *delete as appropriate*

Name of Medical Practitioner _____

Address: _____

Signature: _____ **Date**

Complete this form and hand to a club instructor, or send to the Treasurer at the following email address:

Payment of fees should be made to:

Account name: Warwick Gliding Club
Bank: Westpac Banking Corp.
Branch: Warwick
BSB: 734226
A/C No.: 070338

[Email: admin@warwickgliding.org.au](mailto:admin@warwickgliding.org.au)