



CABOOLTURE GLIDING CLUB INC.

ABN 82 160 188 978
Caboolture Airfield, Aerodrome Road, Caboolture
PO Box 920 Caboolture 4510
www.glidingcaboolture.org.au
Phone: 0418 713 093

MEMBERSHIP APPLICATION

I, _____ (full name in block letters) apply for membership of **Caboolture Gliding Club Inc** and **Watts Bridge Memorial Airfield Inc**, as indicated below. I am aware that I must also join the **Gliding Federation of Australia**.

Family Name:	First Name:	Second Name:	Known As:

DOB:	Address:	Postcode:
	Home:	
	Postal:	

Phone (Home):	Phone (Work):	Phone (Mobile):
Fax (Home):	Fax (Work):	Email:
Occupation:	Contact Person (or Next of Kin):	Phone:

Previous Gliding or Aero Clubs:	GFA Membership No:	
Flying Experience :		
Gliding (hours):	Power (hours):	Ultralight (hours):
Awards:		
Endorsements/Ratings:		

The Caboolture Gliding Club rosters all members for duty pilot, instructor or tug pilot duties. Please indicate your Preferred Roster Days:

Fridays

Saturdays

Sundays

Current CGC Membership Fees:

CGC Membership Type	CGC Membership Fees 12 months	CGC New Member Admin Fee	CGC Member Security Deposit	TOTAL
Full	\$286	\$25	\$200	\$511
Youth/Student	\$143	\$25	\$200	\$368

Note: The above CGC fees **DO NOT** include the cost of GFA Membership and/or mandatory GFA Publications.

CGC Receipt No:	
Date:	

GFA Membership Application No:	
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All applicants who intend to fly a glider must complete **either** Appendix I **or** Appendix II under the rules of the GFA.

SECTION 1: Appendix I – MEDICAL DECLARATION

I,, hereby declare that:

- a) I am the holder of current Student Pilot or higher category Licence, with a current CASA Medical Certificate, the number of that licence being last medical date, OR
- b) I have never suffered from the following: Epilepsy, fits, severe head injury, recurrent fainting, giddiness, blackouts, abnormally high blood pressure or heart disease, or insulin (or other drug) dependent diseases.

OR ... SECTION 2: Appendix II – MEDICAL CERTIFICATE OF FITNESS TO FLY

This certificate must be signed by a Doctor if you cannot make the Declaration at Appendix I.

Pilots who wish to hold a GFA Charter Authorisation and do not hold a current and valid Flight Crew medical endorsement must also have this certificate signed and renewed every TWO years over age 40 or every FOUR years under age 40, regardless of having signed the declaration at Appendix I.

I am the applicant's GP/a CASA Designated Medical Examiner. I hereby certify that I have examined the Applicant (name) and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from (a) flying in a sailplane with another pilot (b) flying solo in a sailplane (c) carrying passengers in a sailplane for hire or reward (d) Initial Certificate/Renewal.

Doctor's Name (please print) **Signature** **Date**

Note: The medical standards for pilots of aeroplanes are published in Civil Aviation Orders Part 47.

AND ... SECTION 3:

I further declare that in the event of contracting or suspicion of contracting any of the above conditions in Section 1, Appendix I (b), I will cease flying until I have obtained qualified medical opinion that it is safe to continue flying.

I have read (or had read to me) and understand the warning above. I hereby apply for membership of the Caboolture Gliding Club (CGC) and the Watts Bridge Memorial Airfield Inc (WBMA). In so doing, I agree to be bound by the Memorandum and Articles of Association. I further agree to indemnify these organisations and all their officers against any claims whatsoever arising out of or from my participating in gliding and soaring activities both in the air and on the ground.

Applicant's Name (PRINT):

Applicant's Signature: Date:

Applicants Under 18: (Parent or Guardian Signature required if pilot under 18 years of age)

Print Full Name: Signature: Date:

AND ... SECTION 4:

Proposed by: Print Full Name: _____ Signature: _____ Date: _____

Seconded by: Print Full Name: _____ Signature: _____ Date: _____