

# WARWICK GLIDING CLUB

ACN 009718441

PO Box 144 Warwick QLD 4370.

## 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	\$250	<input type="checkbox"/>
Membership renewal	\$250	<input type="checkbox"/>
Junior Membership	\$50	<input type="checkbox"/>
Associate Membership	\$50	<input type="checkbox"/>

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

Clyde Stubbs  
100 Hursley Rd.  
Redbank NSW 2446  
Ph. 0400 34 1100  
Email: [accounts@warwickgliding.org.au](mailto:accounts@warwickgliding.org.au)

Payment of fees should be made to:

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