



*Youth Glide Canterbury*  
 a division of the Canterbury Gliding Club  
 which is affiliated to GLIDING NEW ZEALAND (INC)  
 PO BOX 11074 SOCKBURN

## APPLICATION FOR MEMBERSHIP

Full name of applicant \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Occupation or School Attending \_\_\_\_\_  
 Contact details: Phone. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Nominated by: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (Club Members)

I hereby apply for **Junior Membership\*** (as part of **Youth Glide Canterbury**) of the Canterbury Gliding Club Inc.

- I agree to observe and abide by the rules of the Canterbury Gliding Club, Gliding New Zealand and the NZ Civil Aviation Authority.
- I agree to pay my flying and membership fees and to keep my account in credit by at least \$100.
- I understand that my account will be debited for my annual *Accident Costs Contribution Scheme (ACCS)* subscription at the current rate of \$30 on June 1st each year unless and until I have given written notice to the Secretary that I wish to terminate my membership. Payment of this fee means that Pilot-in-Command contributions to accidental damage costs would not be applicable. However, where a claim is declined by the Club's insurers through negligence or non adherence to normal standards of operation I understand I could be liable for the full costs of repairs (or insured value) and third party damage.
- I further understand that in the event of any damage to Club property, I may be liable for a sum not exceeding the applicable insurance excess. In circumstances that cannot be considered 'normal' (eg DIC, drug related accident, malicious damage etc) the amount of costs to be met by me will be at the discretion of the Executive Committee and/or their insurers.
- I **have/have not** (delete one) caused damage to an aircraft or glider in the past five years.
- I declare to the best of my knowledge I suffer from no disability that will affect my flying and understand that I need to submit a medical certificate and declaration to the Club Chief Flying instructor prior to me flying solo.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years the following is to be signed:**

I \_\_\_\_\_ being the parent / guardian of the applicant above hereby consent to  
FULL NAME  
 him/her joining the Club and being bound by its rules.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

I enclose payment of \$\_\_\_\_\_ to credit my account and to cover the *Accident Costs Contribution Scheme* subscription.  
 Receipt number.....or bank directly into the Canterbury Gliding Club Bank Account **01-0811-0011563-02**

**\*JUNIOR FLYING MEMBERS**  
 are defined as flying members who are less than nineteen years of age on the first day of June in the current financial year.