

# MELBOURNE MOTOR GLIDING CLUB INC

## MEMBERSHIP APPLICATION FORM

I..... (full name)

of.....  
( Postal Address)

Post code.....Best Phone ..... Other Phone .....

Email.....

Hereby apply for membership to the Melbourne Motor Gliding Club Inc. and upon my acceptance as a member, agree to be bound by the Association's rules.

Date..... /..... /.....  
.....  
(signature)

I,.....  
(Club member)

being a member of the Melbourne Motor Gliding Club Inc. nominate the applicant for membership to the Association

Date..... /..... /.....  
.....  
(signature)

I,.....  
(Club member)

being a member of the Melbourne Motor Gliding Club Inc. second the nomination of the applicant for membership to the Association.

Date..... /..... /.....  
.....  
(signature)

Do you have a "Home Club" and / or your current GFA membership number.

.....

Please give some details of your gliding experience

Silver C or above ..... Approx Hours Flown.....

Ratings ( AEI, Instructor etc ) .....

Other flight endorsements .....

Fax: 03 9551 0865

Email: [info@melbourneglidingadventures.com.au](mailto:info@melbourneglidingadventures.com.au)