Club Details Club Name: ___ Secretary: Address: ____ Postcode: ___ Is the Club incorporated under the Incorporated Societies Act? YES / NO Date of Incorporation: _____ **Proposed Instructors** List proposed instructors of the Club, with full details of gliding experience, powered aircraft experience, and other relevant data. **Proposed Operating Sites** Main: Subsidiary: Proposed methods of operation: **Aircraft** Aircraft owned by the Club: _____ **Engineer** Provide name, address, and resume of experience of engineer. **Declaration** If granted the privileges of affiliation with Gliding New Zealand, the Club accepts also the responsibilities thereof, and in particular undertakes to conduct its affairs to the satisfaction of the Executive of Gliding New Zealand. Date: _____ Date: _____ Signed: Signed: Print Name:____ Print Name: President Secretary

Application for Club Affiliation

Gliding New Zealand