SWELLENGREBEL FLYING CLUB





Membership type: FLYING FULL	SOCIAL
Surname	Name
Identity Number	Nationality
Aviation Lic no	Aircrafts
RESIDENTIAL ADDRESS:	BUSINESS ADDRESS:
Email:	Employer:
Cell no:	Tel no:
POSTAL ADDRESS	NEXT OF KIN
	Name:
	Address:
	Cell:
Postal code	
INDEMNITY	
I, the undersigned, hereby apply for membership of the above Club and hereby:	
1.Acknowledge myself to be fully aware of hazards associ	
Undertake to promptly and faithfully comply with the Cl	lub's Constitution and Rules
member or my family, my dependant or guests may susta directly or indirectly from any cause whatsoever as a resu and including the date of signature hereof and during the	claims for all damages or loss of whatsoever nature which I as ain as a result of any damage, death or injury arising whether ult of any commission or omission on the part of the Club from currency of my membership of the Club.
SIGNED ON DAY OF	20 AT
F	
X	
SIGNATURE OF APPLICANT	Parent/Guardian if applicant is a minor
FOR OFFI	CIAL USE
Proposed by:	Seconded by:
NAME SIGNATURE	NAME SIGNATURE
Application appropriately	
Application approved/rejected	
Constitution and Club rules sent	by