



CAPE GLIDING CLUB

P.O.BOX 4154 CAPE TOWN 8000

APPLICATION FOR TEMPORARY MEMBERSHIP

I....., hereby make application to be enrolled as a Temporary Member of the Cape Gliding Club in accordance with its rules and regulations with which I am fully acquainted.

I hereby release the Cape Gliding Club and all concerned therewith on behalf of myself, my dependants, heirs and executors from all claims in respect of injuries, disablement, death or financial loss while engaged in any of the club activities either upon their premises or elsewhere for which they might be held liable.

Signature:

Witness 1:

Parent:
(Parent or Legal Guardian if Minor)

Witness 2:

DETAILS OF PAX / APPLICANT

Help us by filling in the following questions so that we may contact you again in the future and to identify others like yourself who may also be interested in gliding.

Title		Date of Birth	
Initials		Marital Status	
First Name		Nationality	
Surname		Gender	
Address			
Post Code:		Post Code:	
Telephone - H	Code:	Telephone - W	Code:

What flying Experience do you have ?

None	Power	Gliding
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Would you like to hear more about Gliding?

Yes	No
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How did you hear about us?

Advert	Article	Member	Friend
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Occupation

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