



PO BOX 31
 CAPE TOWN INTERNATIONAL AIRPORT
 7525
 Phone: (021) 934-0257
 Fax: (021) 934-0827

MEMBERSHIP APPLICATION / RENEWAL

SURNAME											Mem. No:			ATTACH PHOTO HERE
FORENAMES														
Date of Birth/ ID Number														
Nationality														
Occupation									Weight (Kg's)					

ADDRESSES	Residential:					Postal:					Business:									
	Tel. Home:				Tel. Cell:				Tel. Bus:				Fax :							
E-mail:																				

Class of Membership Desired *Flying membership includes CTFC excess insurance	Full Membership R2900	Social R 250 per year	Temporary R250 per mth	Introductory	Honorary
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NEXT-OF-KIN	Name															
	Relation															
	Address															
	Tel.															

Where did you hear about the Cape Town Flying Club?															
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PREVIOUS FLYING EXPERIENCE	N/A															
Flying Licence held	Type:					Number:										
Expiry Dates	License:	/	/	/	Medical:	/	/	/								
Additional Ratings																
Total Hours	Dual:					Solo:										

COURSE ENROLMENT DETAILS	N/A															
Interviewed by CFI	YES	NO	Signed:					Date:	/	/	/					
Date Commencing	/	/	/					Full Time					Part Time			
Training Instructor																
Date Completed																

PLEASE SEE REVERSE

I N D E M N I T Y

Indemnity: I, the undersigned, hereby apply for membership of the Cape Town Flying Club and hereby:

1. acknowledge myself to be fully aware of the hazards associated with flying;
2. undertake to promptly and faithfully comply with the Club's Constitution and Rules framed thereunder (both existing and future) and in particular the Rules laid down in respect of all payments;
3. for myself (which shall include my heirs, executors, administrators, dependants, or assignees) indemnify, absolve and hold harmless the Club from any claims for all damages or loss of whatsoever nature which I, any member of my family, my dependants or guests may sustain as a result of any damage, death or injury arising (whether directly or indirectly) from any cause whatsoever including negligence and whether as a result of any commission or omission on the part of the Club from and including the date of signature hereof and while I am a member of the Club;
4. agree that all reference herein to "the Club" shall include any of its members and/or servants and/or agents;
5. acknowledge that acceptance of my application would be conditional upon and included by the undertakings, indemnities and acknowledgements under (1), (2), (3) and (4) above.

DECLARATION: I declare that the information furnished in this application is true and correct.

Dated: _____ **Signature:** _____.

Signature of parent/guardian if under 21 years: _____.

Valid Until: _____.

Please acknowledge (check boxes & sign below) that you have received copies of the following:

Club Regulations Excess Fund Articles Club Constitution Security Tag

Signature: _____.

Membership Renewal (Office use only):

Date _____.

Date _____.

Date _____.

Date _____.

Date _____.

Date _____.

Date _____.

Date _____.

PLEASE READ & SIGN

Dear Member,

No flying account is allowed. Either a deposit of funds must be made to the club before flying or payment must be made after every flight.

It is your responsibility to ensure that your account is always in credit.

I understand and accept these terms.

Signed : _____

Date: _____