



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 R2700	Social R 250	Temporary	Introductory	Honorary
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NEXT-OF-KIN	Name																
	Relation																
	Address																
	Tel.																

Where did you hear about the Cape Town Flying Club?

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

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: _____