Membership Application

Piako Gliding Club Incorporated PO Box 100 Matamata, 3440 New Zealand



PART I:	All applicants to indicate the type of membership desired being applied for: Pilot Membership □ Associate Membership □ tick one or state other type of Membership:		
PART II: (ALL	applicants to complete and sign this so	ection)	
Full Name:		Date of birth:	
Preferred name:.		Occupation:	
Postal Address: .		Post code:	
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Do you have any	previous flying experience? If so, ple	ase enter details in Part III overleaf.	
with as much sa and I hereby fre associated activi Gliding Club Ind	fety as possible, nevertheless gliding a rely and voluntarily accept and consecuties, whether such risks arise from the	Piako Gliding Club Incorporated to conduct its activities and its associate activities can involve an element of risk, not to run and incur all risks arising from gliding and its ne negligence, breach of duty or otherwise of the Piako ants or agents, and whether the circumstances giving rise	
directly or indirectly or agents, I (and	ectly from the activities of the Piako G	ent of my suffering injury or damage of any nature arising <i>Eliding Club Incorporated</i> , its members, officers, servants d will not have any claim against the <i>Piako Gliding Club</i> is.	
Pilot/Associate 1		and on the basis thereof I hereby apply to be admitted as a abovementioned matters, I agree to comply with and be	
APPLICANT'S	SIGNATURE:	DATE:	
	llow my son/daughter/ward to join the GNATURE OF PARENT OR GUARI	Piako Gliding Club Incorporated. DIAN IF APPLICANT IS UNDER THE AGE OF 18	
PARENT Name		Signature	
PROPOSER:		SECONDER	
SIGN		SIGN	
FEES PAID with application		for membership category:	

The information gathered in this application form is for the use of the Piako Gliding Club and Gliding New Zealand, and the applicant/s acknowledge that the same may use the details provided on this form. The release of any specific information on individual members will only be to the above-named organisations, any other release of information will be in accordance with provision of the Privacy Act 1993.

FART III: Flease note any previous flying experience, and quantications gamed							
Previous (Gliding Experienc	e:					
(JNZ #	. QGP #	Badges	GNZ medical (date)			
Previous 1	Power Experience	:					
F	PPL#	. Class 2 medical (da	te)				
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Anyone joining the club for the first time can pay their subs according to the following schedule:

Membership Fees 2024 to 2025

Fee Class	Jul - Jan	Feb - Apr	May - Jun
Glider Pilot Includes Gliding New Zealand affiliation	\$625	\$312.50	\$156.25
Glider Pilot - Excused Duty Includes Gliding New Zealand affiliation. Pilot is not included on duty roster	\$1,700	\$850.00	\$425.00
Glider Pilot - 2nd club Flying member who pays GNZ affiliation fee through another club	\$480	\$240.00	\$120.00
Family One adult plus one Student living at the same address. Additional family members pay GNZ fees only.	\$925	\$462.50	\$231.25
Youth Glider pilot less than 26 years of age as of 31 October	\$300	\$150.00	\$75.00
Tow Pilot Tow pilot member, Includes Gliding New Zealand affiliation	\$310	\$155.00	\$77.50
Tow Pilot - 2nd club Tow pilot member who pays GNZ affiliation fee through another club	\$165	\$82.50	\$41.25
Life Flying member granted Life Member status by Piako Gliding Club	\$150	\$75.00	\$37.50
Associate Includes invitation to social events, and occasional non-solo flying	\$85	\$42.50	\$21.25