



## Melbourne Hang Gliding Club Inc. Membership Application Form

Surname:  
First Name:  
Date of Birth:

Street Address

Postal address (if different):

Home Phone:  
Work Phone:  
Mobile Phone:  
Email:

### Emergency Contact Details.

Name:  
Home Phone:  
Work Phone:  
Mobile:

Medical Conditions (optional):

HGFA No:  
HGFA Pilot Ratings and Endorsements (ie. HG-adv, HG-ground tow):

Other relevant Qualifications (ie. instructor, First Aid, doctor, etc.):

### Details to appear on membership list.

Available to fly midweek (Y/N?  
Able to assist with transport (4WD with racks) (Y/N?  
Partners name?

Include me on the club SMS message system (Y/N)?

I agree to abide by the rules of the Melbourne Hang Gliding Club Inc.,

Signature:

Date:

Please bring this completed form along with appropriate membership fee to a monthly meeting or post to  
PO Box 8057, Camberwell North, Victoria, 3124.