

This form shall be completed in respect of those individuals detailed in columns one and two of the table in the MOAP Appendix 1-B (page 32). Affiliation fees payable as detailed in column three of Appendix 1-B.

Junior members may be supported financially by their club – see <http://www.gliding.co.nz/GNZ/Juniorfees>

A “Visiting Foreign Pilot” is defined as a non-NZ resident qualified to fly gliders or powered gliders in his/her home country and wishing to fly gliders or powered gliders as pilot-in-command in NZ

Forms must be forwarded within 14 days of commencement or resignation.

Post this form to GNZ Central Register Manager, PO Box 3031, Christchurch 8013, or email to membership@gliding.co.nz

Member Details

Full Name: _____

Address: _____
 _____ Postcode: _____

Date of Birth: _____

Occupation: _____

Telephone (res): _____ (bus): _____ (cell): _____

Email: _____

<u>New Member?</u> If yes, date joined club: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Flying <input type="checkbox"/> Non-flying <input type="checkbox"/>
<u>Partner of registered GNZ member?</u> If yes, GNZ Number of partner: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Junior Member</u> (18 or under as at 31 October) supported by club with all club subs and glider fees waived?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Update of member details?</u> If yes, GNZ Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Resignation?</u> If yes, GNZ Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Visiting foreign pilot?</u> If yes, more than 3 consecutive flying days? Yes <input type="checkbox"/> No <input type="checkbox"/> Flying over a period of more than 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Tow Pilot?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>GNZ Engineer?</u> If yes, practising LAME	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Club Details

Club Name: _____

Secretary: _____