

**Group Details**

Group Name: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

Names & Addresses of all Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Postcode: \_\_\_\_\_

CFI Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Proposed Instructors**

*List proposed instructors of the Club, with full details of gliding experience, powered aircraft experience, and other relevant data.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Operating Sites**

Main: \_\_\_\_\_

Subsidiary: \_\_\_\_\_

Proposed methods of launching: \_\_\_\_\_

\_\_\_\_\_

**Aircraft**

Aircraft Registrations owned or operated by the Group or Group Members: \_\_\_\_\_

\_\_\_\_\_

**Engineers**

*Provide name, address, and resume of experience of engineers.*

\_\_\_\_\_  
\_\_\_\_\_

Each member undertakes that if the group is granted the privileges of affiliation as an annual group member to Gliding New Zealand, then they as the group accept the responsibilities of membership and in particular undertake to conduct the group's affairs in accordance with the constitution and to the satisfaction of the Executive of Gliding New Zealand.

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

CFI

Secretary

*Please send two copies of this form and the Group's Flying and Operating Rules to the Executive Officer, Gliding New Zealand.*