

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

(Incorporated under the Associations Incorporation Act 2009)

SOUTHERN TABLELANDS GLIDING CLUB INCORPORATED

(full name of applicant)	
of(address)	
email address	
Telephone	
hereby apply to become a member of the abovename In the event of my admission as a member, I agree to association for the time being in force.	•
I am over the age of 18 years, or I will produce parer participate in the activity of gliding.	nt or Guardian's consent for me to
Signature	Date
Consent of Parent or Guardian (Name)	
Signature	Date
I(full name) nominate the applicant for membership of the assoc	
Signature	
(full name) second the nomination of the applicant for members	
Signature	Date