



Kapiti Districts Aero Club Inc.
Application for Membership

I, ----- (Print Full Name)
Do hereby apply to become a member of the Kapiti Districts Aero Club Inc. and agree to abide by the rules and regulations of the club.

Date: -----

Signature:(Of applicant) -----

Proposer: ----- /Signature-----

Secunder:----- /Signature-----

References:

1. Name:-----

Address:-----

Occupation:-----

2. Name:-----

Address:-----

Occupation:-----

Client Data Sheet:

Address:----- D.O.B:-----

----- Licence Type:-----

----- Medical Class/ Exp:-----

Email:----- K.D.A.C Number:-----

Phone: (Home) ----- (Work)----- (Mobile)-----

Occupation:-----

Name of Employer:----- Phone:-----

Next of Kin:-----

Phone:----- Relationship:-----

Restrictions on Licence:-----

BFR Expires:----- (If Applicable)

Approved:----- Date:-----

Note: Personal information will be held in the clubs records but will be treated confidentially and will not be released without specific written permission of the individual concerned.