

LKSC MEMBERSHIP APPLICATION - Effective June 2010

Name Date of Birth..... GFA Membership No

Address Post Code

Phones: business hours after hours mobile

Email address GFA Mbrship Expiry Date

Next of Kin (for Emergency Contact) Phone

If a visiting from another club: Name of Home Club

Address and phone no of Home Club

This is a mutual self help Club. Your assistance in managing the Club is required. What job can you accept to assist in running the Club?

Where did you first hear about LKSC and what convinced you to join?

I hereby apply to be admitted/readmitted (delete one) as a Member of the Lake Keepit Soaring Club in the following category (full membership will be subject to six months as a probationary member):

- (TICK ONE ONLY OPTION)** **FULL MEMBER (\$305) + Donation if unable to Contribute to Club Workload**
- JUNIOR < 25yrs (\$105)** **CADET < 19yrs (\$40)** **PENSIONER (\$105)** **LIFE FLYING (\$50)**
- THREE MONTH (\$105)** **3 DAY INTRODUCTORY (\$50)** **TUG PILOT (\$80)** **SOCIAL (\$50)**

I agree to my contact details, address, phone numbers and email address being divulged to other Club members

I agree to abide by the Club Rules under the Associations Incorporation Act 1984 (copy available from the Club or on the Club Website at

http://www.keepitsoaring.com/LKSC/Downloads/Members/LKSC_club_rules.pdf) and the Club Operations Manual. I agree that I am liable for the costs of repairing damage, other than fair wear and tear, which occurs to any glider owned or controlled by Lake Keepit Soaring Club Inc of which I am either Pilot in Command or have hired from the Lake Keepit Soaring Club Inc. My period of responsibility includes hangaring, ground handling, towing and flying the glider.

In determining the costs of any such repairs, I understand and agree that the following provisions shall apply: the Committee of Lake Keepit Soaring Club Inc shall determine the costs of repair and such cost shall be binding except that I may apply to the GFA for an independent valuation which may be substituted for the cost of repairs determined by the Committee of the Lake Keepit Soaring Club Inc and I will be responsible for any costs associated with the valuation. The Committee of the Lake Keepit Soaring Club Inc may waive or reduce any costs of repairs if in the opinion of the Committee I was not responsible or only partly responsible for the damage. I will not be responsible for any damage if it occurs when flying a two seater glider with an instructor in command on a training or check flight.

The amount payable under the forgoing provisions will not exceed \$500, plus the relevant insurance excesses which are presently:- For all gliders except the Duo Discus \$1,000, for the Duo Discus \$2500 and for tug aircraft \$1,500, plus all transport and traveling costs necessarily incurred in having the repairs effected.

I am aware that neither the Club nor its members are responsible for damage to privately owned gliders hangared in the Club's hangars.

SIGNED (Member/Applicant) **Date**

If you are under eighteen years, then this Form must ALSO be signed your parent or guardian as provided below.

Approving Parent or Guardian: Name

Address

Approving Parent or Guardian's signature Date

Membership (from ticked category above)	\$
Bulk flying fee (if desired)	\$
GFA Membership fee if not already a financial GFA member	\$
TOTAL	\$
Plus CREDIT CARD FEE 3% if credit card used (VISA/MASTERCARD accepted)	\$
TOTAL FEES PAID by CHEQUE / CASH / CR.CARD / DIRECT DEPOSIT (circle as appropriate)	\$.....

I, being a fully paid member of the Lake Keepit Soaring Club Inc, hereby nominate the above Applicant to be a member of the Lake Keepit Soaring Club Inc (required for NEW Full Member application)

(signature)

Important

Because legal effect only begins following the act of payment, **before you fly you MUST:**

- (1) Complete this form, physically pay the total amount due and sign the Medical Declaration overleaf.
- (2) Complete the separate large GFA Membership Form (if not already a financial member of the GFA).

MEDICAL DECLARATION

To be Completed with Application or Renewal of Membership each year by all members who intend to fly.
Complete either section 1 or Section 2

Section 1 - DECLARATION OF PHYSICAL FITNESS

Note: Members unable to make this declaration may obtain a medical clearance to fly in the form at Section 2.

I.....hereby declare that

- (a) I am the holder of a Student Pilot or higher category licence with a current CASA Medical Certificate. The Licence number is.....
- (b) I have never suffered from the following: - epilepsy, fits, severe head injury, recurrent fainting, giddiness, blackouts, abnormally high blood pressure, previous heart disease or a deficiency in vision. I am not taking insulin for the control of diabetes.

(Delete as appropriate)

I further declare that, in the event of contracting or suspecting any of the above conditions, I will cease flying until I have obtained a medical opinion that it is safe to continue flying.

Pilot's signature.....Date.....

Signature of parent or guardian
(for persons under 18 years)

Notes:

1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit to fly.
2. If you wear spectacles, you should carry a spare pair easily accessible in flight.

OR

Section 2 - MEDICAL PRACTITIONER'S CERTIFICATE OF FITNESS

This certificate must be signed by a doctor in the event that you cannot make the declaration at Appendix 1.

Pilots who wish to hold a GFA Charter authorisation and do not hold a flight crew licence with valid medical certificate must also have this certificate signed and renewed every two years, regardless of having signed the declaration at Appendix 1.

I am the applicant's GP/a CASA Designated Medical Examiner. I hereby certify that I have examined the applicant

(name).....and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from :

- (a) Flying in a sailplane with another pilot
 - (b) Flying solo in a sailplane
 - (c) Carrying passengers in a sailplane for hire and reward.
- (Delete as appropriate)

Initial certificate/renewal

Remarks

Doctor's name (please print)

Signature.....Date.....

Notes:

1. The medical standards for pilots of aeroplanes are published in Civil Aviation Regulations, Schedule 1.
2. A list of medical conditions for which a medical clearance is required appears at Appendix 1.