



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) _____

Member Data Sheet			
Address			
Email			
Date of Birth			
Phone	Home		
	Mobile		
	Work		
Next of Kin	Name		
	Relationship		
	Phone		
Occupation		Employer	

Pilot Details		
CAA Number		
Licence	Type	
	BFR Expiry	
	Restrictions	
Medical	Class	
	Expiry	
	Restrictions	

Office Use Only			
KDAC Number			
Proposer		Signature	
Secunder		Signature	
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.