

# SOUTH GIPPSLAND GLIDING CLUB INC.

P O Box 475 Leongatha Vic 3953 0437 041 709

## Application for Membership

I, .....  
(Full name of applicant)

Of .....  
(Address)

Phone ..... Email .....

Occupation .....

Desire to become a member of SOUTH GIPPSLAND GLIDING CLUB Inc.

I agree to be bound by the rules of the association (Club) for the time being in force.

Name of Guardian (Print).....

Signature of Guardian.....

Date.....

Name of Applicant (Print).....

Signature of applicant.....

Date.....

I, ..... a member of the association,

Nominate the applicant, who is personally known to me, for membership of the Association. (Club)

Signature of Proposer.....

Date.....

I, ..... a member of the Association,

Second the nomination of the Applicant, who is personally known to me, for membership of the Association. (Club)