



Membership Application Form

Pilot Youth Partner Social Affiliate

Full Name: _____

Address: _____

Date of Birth: _____ Occupation: _____

Contact Number Home: _____

Contact Number Work: _____

Cell phone: _____

Email Address: _____

Emergency Contact Name: _____

Phone: _____

The applicant hereby acknowledges and agrees that membership is subject to the constitution and the flying rules of the South Canterbury Aero Club Inc., as they may be amended or supplemented from time to time, and undertakes to comply with all such requirements.

The applicant consents to the collection of the above information by the South Canterbury Aero Club Inc for the purposes of membership record and to retain, use and disclose the details to organisations for purposes acceptable to the South Canterbury Aero Club Inc. The applicant acknowledges his/her right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.

Signature of the applicant: _____ Date: _____

----- **Office Use Only** -----

Name of Proposer: _____ Signature _____

Name of Seconder: _____ Signature _____

Membership accepted Notified by email Date _____ By _____

Paper Aviator Profile Created