



# Darling Downs Soaring Club Inc

(ABN 71 449 795 568)

Level 1, 1 Swann Road, Taringa, Qld 4068

## APPLICATION FOR MEMBERSHIP

I hereby apply for Flying / Junior / Family / Social / 3 month / 1 month (delete as required) membership of the Darling Downs Soaring Club Inc.

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: / / GFA Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

*If Accepted, I agree to be bound by the Rules and, Standard Operating Procedures of the Darling Downs Soaring Club Inc, Queensland Gliding Association, (GFA Queensland Region) and the Gliding Federation of Australia. I further agree to indemnify these organisations, and all their officers against any claims whatsoever arising out of or from my participation in gliding and soaring activities both in the air and on the ground.*

Dated: \_\_\_/\_\_\_/\_\_\_

Applicant's Signature: \_\_\_\_\_

Proposed By: \_\_\_\_\_

Seconded By: \_\_\_\_\_

### Close Personal Contact:

### Previous Flying Experience:

Name: \_\_\_\_\_

Gliding hours \_\_\_\_\_

Address: \_\_\_\_\_

Power flying hours \_\_\_\_\_

\_\_\_\_\_

Other club membership(s) \_\_\_\_\_

\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Note:** Much of the club information and communication is done via the Club website. Will you be able to access the Club Website? YES  NO

**I do not** need the following documents: Basic Gliding Knowledge  Log Book  Radio Procedures

### (If under 18) Agreement by Parent or Guardian

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Approval by DDSC committee: \_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_

Signed: \_\_\_\_\_ (Club Secretary)

**All joining fees and subscriptions to the Darling Downs Soaring Club Inc and the Gliding Federation of Australia (if applicable) are to accompany this application.**

**\*\* See Reverse side for Additional Notes accompanying this Application for Membership.**

**Darling Downs Soaring Club Inc**

## **Additional Notes to accompany Application for Membership**

The completion of this Application Membership Form, duly signed by the Applicant, Parent or Guardian (if applicable), the Proposer and the Secunder and accompanied by the required fees and subscriptions shall entitle the Applicant to temporary access to the facilities offered by the Darling Downs Soaring Club Incorporated as follows:

- For a period not exceeding 28 days from the application date or until a decision on the Application for Memberships is made by the Committee, whichever occurs sooner
- Should the Application for membership be approved by the Committee, the effective date of membership shall be the date of application
- Should the Application for Membership be rejected by the Committee, and regardless of the date of rejection, the Darling Downs Soaring Club will refund to the Applicant, any fees and subscriptions paid to the Darling Downs Soaring Club Incorporated less any joining fees and less the cost of a 1 month membership and less any other costs explicitly incurred by the applicant during this period.
- The status of any fees and charges collected by the Darling Downs Soaring Club Incorporated on behalf of the Gliding Federation of Australia is subject to the rules of the Gliding Federation of Australia and is a matter for resolution between the Applicant and the Gliding Federation of Australia.