



LATROBE VALLEY AERO CLUB
ACN: 004-304-581 ; ABN: 65 034 518 321

APPLICATION FOR MEMBERSHIP

The Manager
Latrobe Valley Aero Club
PO Box 3083
GIPPSLAND MAIL CENTRE VIC 3841

Date

I desire to be elected a Flying/Ordinary Member of the Latrobe Valley Aero Club and enclose equivalent remittance amounting to \$110.00 per 12 month year, to cover my Subscription Fee up to period year ending June 2012.

NAME IN FULL (print)
Surname *Other/s*

ADDRESS (residential)

ADDRESS (postal)

HOME ☎ MOBILE ☎

BUSINESS ☎ OCCUPATION

EMAIL

Do you wish to receive Newsletter by email? (Please Circle) Yes No

DATE OF BIRTH

PILOT LICENSE HELD LICENSE No

FLYING EXPERIENCE (brief summary please - hours flown, etc.)

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OTHER CLUBS (if any)

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PROPOSING MEMBER:

Name.....Signature.....
(print)

SECOND MEMBER:

Name.....Signature.....
(print)



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In consideration of my being elected a member of the Latrobe Valley Club or granted the facilities of Membership, I hereby agree that before flying in any Club aircraft, or taking part in any of the activities of the Club, I will make myself acquainted with the Memorandum and Articles of Association, Club by-laws, Rules and Regulations, and I further agree, observe, perform and be governed by the same and by any amendments thereof or additions thereto which may be hereafter made.

I also hereby exonerate and agree to indemnify the Latrobe Valley Aero Club, its officials, employees or Members or any of them from and against all liabilities for any damage or injury sustained by me in the course of, or in connection with any flight in any aircraft owned or controlled by the Club or for any damage or injury sustained by any person, other than a Member of the Club, carried in any aircraft hired by me from the Club, in the course of or in connection with any flight in such aircraft.

SIGNATURE.....

WITNESS.....

(To be signed by the parent or guardian of any applicant under the age of 18 years)

I, _____ ADDRESS _____

OCCUPATION _____

hereby declare that I am the legal parent/guardian of the above name application for membership of the Latrobe Valley Aero Club. I have read the above form of application and I hereby consent to his/her making such application. For my son/daughter/ward and for the consideration herein stated I agree to accept and be bound by the terms of the same and to accept full responsibility for debts, liabilities or charges which he/she may incur by reason thereof.

SIGNATURE.....

OFFICE USE ONLY

Date Approved by Committee

Receipt

Member. Card Issued & RD023 letter