



MEMBERSHIP APPLICATION / RENEWAL FORM 2011

Witwatersrand University Flying Association
PO Box 799 Lanseria 1748 Telephone: (011) 659 2805

PLEASE NOTE THAT YOU ARE NOT A MEMBER OF THE CLUB UNTIL YOU HAVE COMPLETED THIS FORM IN FULL AND PAID THE RELEVANT MEMBERSHIP FEE.

FEES PER ANNUM

R500 (for six months from date of payment) **R800** (to 31 December 2011)

PERSONAL DETAILS

SURNAME: _____

FIRST NAME(S): _____

ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

E-MAIL: _____

WORK PHONE: _____ HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

ARE YOU A REGISTERED FULL-TIME STUDENT? YES NO

LICENCE NUMBER: _____ EXPIRY DATE: _____

LICENCE TYPE: _____ MEDICAL EXPIRY DATE: _____

RATINGS: NIGHT INSTRUMENT INSTRUCTOR SAFETY

INDEMNITY

I _____ the undersigned, hereby indemnify the Aircraft Owners, the University of the Witwatersrand, the Witwatersrand University Flying Association, their employees and instructors against, and renounce any claim which I, my passengers, assigns, heirs, executors, representatives or dependants may have for, compensation for death, injuries, damages, or any loss suffered during any flight attributable to any cause whatsoever.

I hereby also agree to abide by the Club's constitution, rules and regulations, as well as to the decisions of the Executive Committee, and by all South African Civil Aviation Regulations (CAR) and Technical Standards (CATS), NOTAMS, the AIP and AICs.

INSURANCE EXCESS

I further acknowledge that I am liable for the excess, as stipulated in the relevant Insurance Policy, for any accident or other damage caused by me to any aircraft on the fleet of the Witwatersrand University Flying Association.

SIGNATURE: _____ **DATE:** _____

Consent in the case of minors (under the age of 18 years).

SIGNATURE OF GUARDIAN: _____ **DATE:** _____

Enclosed please find R _____ being my membership fee for the current year.

NOTE: You are strongly advised to consult an Insurance Company to ensure that aviation, other than as a passenger on a scheduled flight, is permitted in terms of any policies you may have issued in your name. You are also advised to take out insurance against the excess mentioned above.

FOR OFFICIAL USE ONLY

Membership Number: _____

Membership Fee received: Cheque / Cash / Credit Card/Computer TransferR _____

Date: _____ Expiry date: _____ Signed _____