



**Gatineau Gliding Club**  
 P.O. Box 8145, Station T  
 Ottawa ON K1G 3H6  
 Phone: (613) 673-5386  
 E-mail: [ggc@gatineauglidingclub.ca](mailto:ggc@gatineauglidingclub.ca)  
 URL : <http://www.gatineauglidingclub.ca>  
 Aerodrome: Pendleton, Ontario (CNF3)

## Membership Renewal / Application Form - 2010

I was a member last year. .

I want to resign my membership. .

Member Contact Information		
Full Name:	Date of Birth (dd/mm/yy):	
Address:		
City:	Province:	Postal Code:
E-mail address:	Occupation:	
Home Phone #: ( ) - -	Work Phone #: ( ) - -	

Emergency Contact Information	
Emergency Contact Name:	
Relationship to Member:	Emergency Contact Number:

License		
Pilot License #:	Issue Date:	Country of Issue:
Medical #:	Medical Category:	Medical Renewal Date:
SAC Instr #:	SAC OO#:	Radio Operator #:

Experience							
Glider Pilot: <input type="checkbox"/>	Glider Instructor: <input type="checkbox"/>	Instructor Class:	Rating expires date:				
FAI Badges: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Bronze <input type="checkbox"/> Silver Alt <input type="checkbox"/> Silver Dist <input type="checkbox"/> Silver Duration <input type="checkbox"/> Gold Alt <input type="checkbox"/> Gold Dist <input type="checkbox"/> Diamond Alt <input type="checkbox"/> Diamond Dist <input type="checkbox"/> 1000 km <input type="checkbox"/> 2000 km <input type="checkbox"/>							
Gliding Hours Total:	P1:	P2:	Inst:	Last 12 Mo:	P1:	P2:	Inst:
Solos (Check all that apply): 1-26 <input type="checkbox"/> AS-K13 <input type="checkbox"/> Blanik L-13 <input type="checkbox"/> Solo L-33 <input type="checkbox"/> ASW-24 <input type="checkbox"/> Puchacz <input type="checkbox"/> Others:							
Power Pilot: <input type="checkbox"/>	Power Ratings (list):					GGC Tow Checkout: <input type="checkbox"/>	
Power Hours Total:	P1:	P2:	Tow:	Last 12 Mo:	P1:	P2:	Tow:

Volunteer Effort
I would be willing to help out the club in the following capacities (check all that apply): Glider Instructor <input type="checkbox"/> Grounds Maintenance <input type="checkbox"/> Field Manager <input type="checkbox"/> Social Events <input type="checkbox"/> Tow Pilot <input type="checkbox"/> Aircraft Maintenance <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/>
Can the club contact you by e-mail: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Would you be willing to receive invoices by e-mail: Yes <input type="checkbox"/> / No <input type="checkbox"/>

Office Use Only	
Membership Type:	SAC Type:
Membership Paid:	Joined date:

**Please sign the waiver on the back of this page.**

# Gatineau Gliding Club and Soaring Association of Canada Waiver of Indemnity (For Annual Membership)

KNOW ALL MEN BY THESE PRESENTS THAT I, \_\_\_\_\_  
Please print full name

Of ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

do hereby accept all responsibilities of any membership in the Gatineau Gliding Club (hereinafter referred to as GGC) and the Soaring Association of Canada (hereinafter referred to as SAC) and shall obey all the By-laws and Operating Rules of the GGC and the SAC.

I do also hereby waive as against the GGC and the SAC, their Directors, Officers and Members, all claims, demands, actions and causes of actions arising directly or indirectly out of any injury or disability or death which I might suffer in any aircraft operated by, sponsored by or owned by the GGC or the SAC whether that aircraft be in flight or be located upon the property of the GGC or the SAC or in any ground activity involving the said aircraft. Further, I exonerate the GGC and the SAC from all liability which may arise in respect of any personal injury or disability or death or property damage suffered while I am a member of the GGC or the SAC or the partaking of GGC or SAC privileges, and undertake to make no claim against the GGC or the SAC in respect thereof, whether such personal injury, disability or death or property damage arises by reasons of any negligence of any person regardless of whether that person was a member of the GGC or the SAC, or accident involving an aircraft, automobile or other property, regardless of whether the GGC or the SAC has a legal interest in such an aircraft, automobile or other property, or whether such personal injury or death or property damage arises from any other cause whatsoever.

I certify that the information provided in this application is true and correct to the best of my knowledge. I agree to respect club property and abide by club rules. I pledge to maintain a positive balance in my account with the GGC and to pay any further charges within 30 days of statement date.

I understand that there are inherent risks associated with the sport of gliding and I pledge that I will conduct myself in a disciplined and conscientious manner so as to minimize these risks to both myself and others.

I have read and understood this document and I agree to be bound by its terms.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Requires also witness signature and name below)

If applicant is under 18 years of age, parent/guardian permission and signature are required:

I (Print parent's/guardian's name) \_\_\_\_\_

permit (print minor's name) \_\_\_\_\_

to participate in GGC activities and to use its equipment and facilities according to the club rules.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS NAME (Print):** \_\_\_\_\_