



MEMBERSHIP FORM – 2025

Member Contact Information		
Full Name:	Date of Birth (dd/mm/yy):	
Address:		
City:	Province:	Postal Code:
E-Mail Address:		
Home Phone:	Work Phone:	Cell:
Emergency Contact Name:		Phone:

Please indicate your selection(s):

Membership Category
Flying Member
Flying Member Spouse
Flying Member & Family
Youth/Air Cadet
Junior
Associate Member

Note: Flying memberships include SAC membership fee.

Flying
Flying Package #1 (Payment in Full)
Flying Package #1 (2 Half Payments)
Flying Package #2 (Payment in Full)
Flying Package #2 (2 Half Payments)

Summer Hangar Storage (Flying Members)
Rigged Glider with Trailer Outside
Glider Trailer
Powered Aircraft

Camping (All Members)
Services Campsite & Outside Storage
Unserviced Campsite
Air Conditioner Surcharge

See Fee Schedule at: https://www.gatineauglidingclub.ca/wp-content/uploads/2025/03/GATINEAU_GLIDING_CLUB_FEES_2025.pdf
Specify Other:

Note: Interac payments for all fees can be made to billing@gatineauglidingclub.ca

Please sign the waiver including witness on the following 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 SAC or the partaking of GGC or SAC privileges, and undertake to make no claim against the GGC and 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 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 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): _____

