

# The Auckland Gliding Club (Inc)

## Application for Membership



Auckland Gliding Club (Inc.) 264 Appleby Road, Drury  
P O Box 222  
Drury  
Auckland 1750

[www.glidingauckland.co.nz](http://www.glidingauckland.co.nz)

email: [secretary@glidingauckland.co.nz](mailto:secretary@glidingauckland.co.nz)  
ph: (09) 294 8881

### Membership Type

Flying  Youth  Family  Associate  Tow Pilot

Full name :  Date of birth:   
Preferred name:  Email:  Phone:   
Postal Address:   
Postcode:

### Emergency contact details (name, relationship, phone, address)

  
  

If applicant is under twenty-one years of age, please have parent or guardian complete this section

I  am willing to allow my son / daughter / to join the Auckland Gliding Club.

Signature:  Date:

Please print full name and relationship to applicant

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AGC's preferred payment method is direct credit to our bank account: 03-0104-0012743-000

Payment for \$  as my remittance.

Comprising:	Joining fee:	\$	<input type="text"/>
	Log book:	\$	<input type="text"/>
	Subscription, Flying:	\$	<input type="text"/>
	Subscription, B-Scheme:	\$	<input type="text"/>
	<b>Total remittance:</b>	\$	<input type="text"/>

**Note \*** Club's financial year commences 1st July

Current Fee Schedule may be found on the Club's website: <https://glidingauckland.co.nz/what-it-costs/>

