# Port Lincoln Flying Club

## Membership Application

PO BOX 605, Port Lincoln SA 5606
portlincolnflyingclub@gmail.com

Surname: _____Christian Name:_____

Residential Address: _____

Email Address:_____

Postal Address: _____

DOB: _____Mobile Phone No: _____

Occupation: _____Nationality: _____

If you fly, please fill out the following (so your eligibility to fly the club aircraft can be ascertained).

Please select your current licence:

Student ☐ Recreational Pilot's Certificate (RAAus) ☐

Recreational Pilot's Licence ☐ Private Pilot's Licence ☐ Commercial Pilot's Licence ☐

Issued at: _____Licence No/ARN: _____

Dat of last flight as pilot: _____Total Hours: _____

**Please note that the financial member hiring an aircraft through the club is liable for insurance excess on any claim relating to that hire.**

The above particulars are correct, and I agree to pay accounts on time.

Applicant Signature: _____Date: _____

Proposed: _____Seconded: _____

**Annual Subscription: $150**

To be paid at time of application. Bank Details:
Account Name: Port Lincoln Flying Club Inc.
BSB: 633-000 Account No.: 1440 63443