

APPLICATION FOR MEMBERSHIP



Eastern Province Gliding Club
PO Box 27477
Greenacres
Port Elizabeth

Tel: 082 929 4857 (Membership)
041 365 1275 (General Enquires)

eMail: info@epgliding.co.za

PERSONAL PARTICULARS

Surname _____
Title (*Dr, Prof, Mr, Mrs or Miss*) _____
Initials _____
First Name (in full) _____
ID Number _____
Date of Birth _____

ADDRESS

HOME:

POSTAL:

E-Mail: _____

CONTACT NUMBERS

Home Telephone Number: _____
Work Telephone Number: _____
Cellular Number: _____

FLYING EXPERIENCE

Please briefly list any previous/current aviation experience/licenses that you may have:

OTHER INFORMATION REQUIRED

1. Would you like your monthly statements to be emailed or posted to you? EMAILED: _____ POSTED: _____
2. What category of membership are you applying for?
[Glider (includes both glider and motor-glider), Motor-Glider-Only, Country or Social] _____

NEXT OF KIN

Please supply the name, address, telephone number at home and/or cellular number of at least two next of kin.

NAME	ADDRESS	TELEPHONE	CELLULAR

SOARING SOCIETY OF SOUTH AFRICA

The SSSA is approved by the South African Civil Aviation Authority (SACAA) as an ARO (Aviation Recreation Organisation) and as such has a formal Manual of Procedure approved by the SACAA. The Manual of Procedure is the manual by which gliding operates in South Africa.

Glider Pilot License (GPL):

Glider Pilots are now trained on pure gliders or touring motor gliders and the GPL is issued with the appropriate ratings. For example, a student may be trained to solo and receive his license on a touring motor glider only. This will mean that the license rates him only for touring motor gliders. Should he wish to be rated for pure glider, he will need to do the training associated with either aerotow or winch launch method.

The Glider Pilot License is valid for an indefinite period provided that the privileges of the license shall not be exercised by the holder unless he holds an appropriate valid medical certificate, the appropriate ratings and can demonstrate currency in flying gliders.

The requirements for a GPL are as follows:

- Minimum age of 16 years.
- Minimum of Class IV Medical Examination executed by a General Practitioner
- Restricted (or higher) Aeronautical Radiotelephone Operator's License
- Successful completion of all the practical and theoretical exercises, both pre-solo and advanced training, listed on the relevant SSSA Student Training Log.
- Successful completion of theoretical test papers selected by the CFI from the Standard SSSA test papers.
- Test in flight with an instructor with a Full Category brevet, including oral and practical examination, recorded on SSSA glider pilot test form.
- Minimum total of 40 flights, including 20 solo flights and 10 launches per launch method.
- Minimum of 6 hours of solo flight of which 1 flight must be of two hours minimum (engine off for touring motorglider rating)

NEED MORE INFORMATION OR HELP?

For more information on joining fees, membership categories, flying rates, club operations and gliding in general please visit our website at www.epgliding.co.za. You can also get further information on the SSSA's website at www.sssa.org.za.

As payment, EPGC only accepts EFT's or direct deposits into our bank account. Cash and cheques are not accepted unless deposited directly into our bank account.

INDEMNITY

I hereby indemnify and hold harmless and blameless, the Eastern Province Gliding Club, its office bearers and employees in respect of any claim of any nature whatsoever brought by myself, my executors, dependants, wife/husband, child/children, relatives or any person who may derive a right to claim in respect to any of the following matters herein contained:

1. Arising from my being taken for a flight by a member of the Eastern Province Gliding Club; or
2. By participating in any activities of any nature whatsoever, under the auspices of the Eastern Province Gliding Club or for any other reason;
3. The above indemnity including any claim arising from the use of any facilities extended to me by virtue of my association with or membership of the Eastern Province Gliding Club.

I hereby acknowledge that:

- (A) I know, understand, appreciate and accept the risk attendant upon flying and that such risk can involve death or injury; and
- (B) In that knowledge and without derogating from the generality of the foregoing general indemnity, I undertake on behalf of myself and my dependants to indemnify, hold harmless and absolve the Eastern Province Gliding Club, its office bearers and employees against and from each and any claim, of any nature whatsoever, including a claim for costs, by myself, my executors, my wife/husband, child/children and/or relative/relatives taking or being taken for a flight either under my instruction or for any reason in any aircraft owned by or operated under the direct control of the club whilst on any aerodrome or whilst myself, my executor, my wife/husband, child/children and/or relative/relatives are on the premises or any hangar or workshop under the control of the club or serving its requirements, no matter whether the damage or claim was caused by negligence of any of the club's agents or servants.
- (C) The club's aircraft are NOT insured and should I be the pilot in command and a club aircraft is damaged due to my gross negligence, that the club may hold me liable for the cost repairs or replacement of such aircraft. Furthermore, I acknowledge that in all cases, regardless of fault or circumstances, that I will be responsible for paying any insurance excess or club self insured excess which is ever applicable.

Signed at _____ on the _____ day of _____

SIGNATURE: _____

WITNESS: _____

WITNESS: _____

If a minor (under 18), the following:

I declare that I am the legal parent/guardian of the above _____
and that I have read the above indemnity and that I agree to accept and be bound by the same.

Signed at _____ on the _____ day of _____

SIGNATURE: _____

WITNESS: _____

WITNESS: _____

MEMBERSHIP PROPOSAL (OFFICIAL USE ONLY)

Proposed:

Name (print) Signature Date

Seconded:

Name (print) Signature Date

FOR OFFICE USE ONLY		
Account	Date	Category
Membership Number: _____		