

BROCKVILLE FLYING CLUB MEMBERSHIP APPLICATION FORM.

Name (please print):

Mailing Address:

Municipality:

Postal Code:

Phone:

Cell:

Email:

Flying Membership (\$300 per annum): Pilot's License Number:

Social Membership (\$50 per annum):

Associate Membership (\$50 per annum)

New member: Renewal: For Year:

I hereby make application for Membership in the Brockville Flying Club and do hereby agree to pay fees as such under the by-Laws of the Board of Directors. And, further, in the event the Board accepts me as a member, / hereby agree to be bound by the policies and procedures of the Brockville Flying Club.

PILOT'S DECLARATION:

As a member, in good standing, of the Brockville Flying Club, I declare that I shall not act as PILOT IN COMMAND of club aircraft unless I am the owner of a VALID CANADIAN PILOT'S LICENCE AND A CURRENT, VALID MEDICAL CERTIFICATE and that I am current on the types of aircraft and equipment operated by the Brockville Flying Club. I further declare that I am accident, loss and violation free.

I further understand that as PILOT IN COMMAND I am financially responsible for any damage to Club aircraft or equipment under my control up to the maximum applicable insurance deductible.

WAIVER OF INDEMNITY:

In consideration of being permitted to enter into the premises and/or aircraft, equipment and vehicles so owned by the Brockville Flying Club, / on the behalf of myself, my heirs, executors and assigns, release and discharge the Brockville Flying Club, employees, servants and agents from liability, claims, demands and causes of action ensuing directly or indirectly out of any injury or damage which I might sustain in or by any aircraft, equipment or vehicle owned, rented or operated by the Brockville Flying Club, or which I might sustain while upon the property or premises of said Brockville Flying Club.

Application Signature:

Witness:

Date:

Flying Member Applicants: Please include photocopy of your current medical stamp with your application.