

Ballito Microlight Club

P.O. Box 74 Ballito 4420
www.balaero.co.za



APPLICATION FOR MEMBERSHIP

APPLICANT DETAILS

Surname		First Names	
ID No		Date of Birth	
Postal Address		Physical Address	
Tel (Home)		Tel (Work)	
Fax		Cell	
Email			

LICENSE DETAILS

License No		Type <i>NPL/PPL/etc</i>	
Date of first issue		License Expiry	
Medical Class <i>I, II, III or IV</i>		Medical Expiry	

Complete your name and this section on a new form for any additional licenses

AIRCRAFT DETAILS

Registration Number		Make and Type <i>WCM/LSA/etc</i>	
Engine Type		Hangar No	
ATF First Issued		ATF Expiry	

Complete your name and this section on a new form for any additional aircraft

I the undersigned, confirm that I have read and understood the club constitution and rules and agree to be bound by them and further understand and agree to pay a once off joining fee as well as a monthly subscription and land rental for my hangar as determined by the club treasurer.

Applicant Name

Signature

Date

Sponsor Name/Signature

Committee Member Name/Signature

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IN CASE OF ACCIDENT / EMERGENCY

NEXT OF KIN

Name	Relationship	Contact No

MEDICAL

Doctor Name (Flying Medical)	<i>Contact No/s</i>
Doctor Name (GP)	<i>Contact No/s</i>
Medical Aid	<i>Policy/Plan No</i>
Blood Group	Glasses/Contacts

KNOWN ALLERGIES

CHRONIC MEDICATIONS

OTHER INFORMATION
