

WEST COAST FLYING CLUB
SALDANHA
MEMBERSHIP APPLICATION FORM

Surname: _____

Christian name: _____

Identity No.: _____

License Type: _____

Postal address

Physical Address

Contact no.(Tel/Fax): _____

E-mail address: _____

Previous Clubs: _____

Permanent member:

Student member:

Aircraft Owner:

Y	N
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Aircraft call sign: _____

Pilot license no.: _____

Signature

Date of application