THE MURRAY BRIDGE GLIDING CLUB INC

PC BOX 1509, VICTOR HARBOR SA 5211 WEBSITE:www.murraybridgegc.com



Name :	Birth Date
Address:	
	Postcode
Phone:	Home Work
	Mobile Email
Flying Experience:	
I the undersi	igned.
Hereby appl	y for membership with the Murray Bridge Gliding Club Inc.
I agree to ab	ide by the constitution and the rules and procedures of the Murray Bridge Gliding Club Inc.,
and of the G	liding Federation of Australia,
Signature of Applicant;:	
	roposed By:
Se	conded By:
	Dated:Day of
Payment of \$ Received by	
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