



Membership Renewal or Application

Please print clearly. Date should be: yyyy-mm-dd

Year :

Last Name		First Name		E-Mail Address	
Street, Apt.		City		Province	Postal Code
Home Phone Number		Date of Birth		Occupation	
Emergency Contact: Name		Emergency Contact Phone Number		Relationship to Member	

Glider Pilot Licence Number		Current issue Date		Country of Issuance		Medical Number		Medical Category		Date of last Medical	
Glider P1 Time hrs		Glider P2 Time hrs		Gliding Instructor Time hrs		Gliding Licence Rating Expiry Dates for : (yyyy-mm-dd)					
				Instructor:		Aerobatics:					
Aviation Document (Booklet) Number:		Date of Expiry		SAC Instructor No.		SAC Official Observer No.		Radio Operator Licence No.			
Power Pilot Licence Number		Current issue Date									
Power P1 Time hrs		Power P2 Time hrs		MSC Tow Check-out Yes / No		Power Licence, date of last medical:					
						Date (yyyy-mm-dd) :					
Badges obtained:						Solos (check all that apply) :					

Specify others (add on reverse side)

A <input type="checkbox"/>	B <input type="checkbox"/>	Bronze <input type="checkbox"/>	C Badge <input type="checkbox"/>	Krosno KR 03 <input type="checkbox"/>	Astir CS <input type="checkbox"/>	<input type="checkbox"/>
Silver: Height <input type="checkbox"/>	Duration <input type="checkbox"/>	Distance <input type="checkbox"/>		Blanik L-33 <input type="checkbox"/>	DG-300 <input type="checkbox"/>	<input type="checkbox"/>
Gold: Height <input type="checkbox"/>	Duration <input type="checkbox"/>	Distance <input type="checkbox"/>		Twin-Astir <input type="checkbox"/>	ASW-24 <input type="checkbox"/>	<input type="checkbox"/>
Diamonds: Height <input type="checkbox"/>	Goal <input type="checkbox"/>	Distance <input type="checkbox"/>		Duo-Discus <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MSC Member Type		SAC Member Type		<input type="checkbox"/>	New Membership
Abinitio <input type="checkbox"/>		(MSC) Club-Affiliated <input type="checkbox"/>		<input type="checkbox"/>	Renewal
Full Member <input type="checkbox"/>		Mid-Year (Half-Rate) <input type="checkbox"/>		<input type="checkbox"/>	Intro. Plan Member
Reduced (Student, etc.) <input type="checkbox"/>		Junior <input type="checkbox"/>		<input type="checkbox"/>	mandatory for Abinitio
Air Cadet <input type="checkbox"/>		Air Cadet no SAC fee <input type="checkbox"/>		<input type="checkbox"/>	Optional
Tow Pilot <input type="checkbox"/>		Spousal <input type="checkbox"/>		<input type="checkbox"/>	Optional
MSC Associate <input type="checkbox"/>		SAC Associate <input type="checkbox"/>		<input type="checkbox"/>	If trailer lot is approved
				<input type="checkbox"/>	5-Flight Plan
				<input type="checkbox"/>	A-Plan
				<input type="checkbox"/>	B-Plan
				<input type="checkbox"/>	Duo-Discus Plan
				<input type="checkbox"/>	Trailer Park

Total Fees Payable: \$	Refer to Fee-Schedule for various charges.
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I certify that the information provided in this application is true and correct to be best of my knowledge. I agree to respect club property and abide by the club rules. I pledge to maintain a positive balance in my account with the MSC and to pay any further charges within 30 days of statement date. I understand that there are inherent risks associated with the sport of gliding and I pledge that I will conduct myself in a disciplined and conscientious manner so as to minimize these risks to both myself and others.

I agree to my name, address and email-address being published on the MSC website as a member of the club. (Yes / No) delete one.

Print Name (if signed by guardian) _____ Signature _____ Date (yyyy-mm-dd) _____