



Casual / Annual - Membership Application

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

EMAIL: _____

DOB: _____ HGFA MEMBERSHIP NO: _____

HOME PHONE: _____ MOBILE _____

OCCUPATION: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

RELATIONSHIP TO YOU: _____

PLEASE CIRCLE

CLASS: HANG GLIDER MICROLIGHT PARAGLIDER

MEMBERSHIP: a. ANNUAL - \$50 (Valid for calendar year Jan 1 – Dec 30)
 b. CASUAL - \$10 (Valid for 1 month)

PAYMENT

PAYMENT DATE: _____ Amount: _____

PAYMENT METHOD: CASH CHEQUE DIRECT DEPOSIT

(Direct deposit - ACC: 000677015 BSB: 484-799 NAME: Cairns Hang Gliding Club)

SIGNATURE: _____ DATE: _____