

AIR SHOW SOUTH AFRICA

P O Box 12199, DIE BOORD, 7613
Tel: +27 83 454 1104 / Cell: 083 454 1104
E-mail:louise@airshowsa.org.za



MEMBERSHIP APPLICATION

DATE OF APPLICATION : _____

MARK	TYPE OF MEMBERSHIP	FEE (R)	PARTS OF THE FORM TO BE COMPLETED				
			A	B	C	D	E
	PILOT / DISPLAY : INDIVIDUAL	700.00	A	B	C	D	E
	SAFETY OFFICER : INDIVIDUAL	700.00	A		C	D	E
	FLIGHT DIRECTOR : INDIVIDUAL	700.00	A		C	D	E
	EVENT ORGANISER: INDIVIDUAL	200.00	A				
	COMPANY	1 500.00	A				
	ASSOCIATE MEMBER : INDIVIDUAL	140.00	A				
	VENDOR : INDIVIDUAL	140.00	A				

PART A

SURNAME : _____ FIRST NAMES : _____

COMPANY : _____ TYPE OF BUSINESS / SERVICE : _____

CELL : _____ FAX : _____ I.D NO.: _____

HOME TEL : _____ WORK : _____ Passport NO. (If not South African Citizen) _____

HOME ADDRESS : _____ E-MAIL : _____

POSTAL ADDRESS : _____

POSTAL CODE : _____ POSTAL CODE : _____

PART B

PILOT'S LICENSE NO. : _____

LICENSE TYPE : _____

ADDITIONAL RATINGS :

AEROBATIC RATING : YES / NO

REF NO. : _____

DISPLAY RATING : YES / NO

REF NO. : _____

AIR SHOW SAFETY OFFICER : _____

OTHER : _____

FORMATION EXPERIENCE : YES / NO

AIRCRAFT TYPES FLOWN IN AIR SHOW :

REG. : _____

REG. : _____

REG. : _____

PART C

MEDICAL INFORMATION :

MEDICAL EXPIRY DATE : _____

MEDICAL LIMITATIONS IF ANY : _____

ALLERGIES : _____

BLOOD GROUP : _____

MEDICAL AID COMPANY : _____

MEMBERSHIP NO. : _____

INSURANCE COMPANY _____

POLICY _____

PART D

NEXT OF KIN : NAME : _____

CELL : _____ RELATIONSHIP : _____

HOME TEL : _____ WORK TEL : _____

PART E

AERO CLUB MEMBERSHIP NO. : _____

MEMBERSHIP OF ANY OTHER SECTIONS OF THE AERO CLUB OF S. AFRICA :

YES / NO IF YES, WHICH SECTIONS? _____

BANK ACCOUNT DETAILS :

BANK : NEDBANK
ACCOUNT NAME : AIR SHOW SOUTH AFRICA
ACCOUNT NUMBER : 1284 103 056
BRANCH CODE : 128 405 Fourways

Declaration: To The Best of my Knowledge this Information is Correct.

SIGNATURE : _____