So, you've had a few flights, like it, and decided to join,

what next?

Before joining, make sure you understand the following:

* Gliding clubs operate on a voluntary basis so members are expected to contribute to the ongoing operations of the club where possible.

* Learning to fly requires some dedication regarding time. Consistent attendance is recommended to stay current.

* All aviation involves extensive procedures and facilities requiring serious money to keep a flying club operational. You will need to budget at least \$3000 per year to have a proper flying experience.

Full Club Membership \$145.00 Student Membership \$35.00

Infrastructure fee \$35 (per month)

Flying time charged per minute.

PW 6 (two-seat trainer) - \$1.10.

Smyk PW-5 - \$0.90

Grob Astir - \$1.00

The Club's qualified instructors provide their services at no cost to the student, so all instructional flights are charged at aircraft rates only.

Maximum charge for Club aircraft is three hours per day.

Launch Charges

Aerotow (normal operations) - \$5.00/min.

Aerotow retrieve \$180/hr (\$3.00/min)

Winch Launch (when available) - \$20.00.

TO JOIN BENDIGO GLIDING CLUB:

To fly gliders you need to be a member of the Gliding Federation of Australia (\$320/yr as at 2019).

For GFA Membership details see http://glidingaustralia.org/GFA-

Admin/membership-purchase-or-renewal.

You will need to specify your primary club as Bendigo Gliding Club.

Fill in the Application Form (see page 2) and return to the club secretary:

Email: secretary@bendigogliding.org.au

Postal: Secretary, Bendigo Gliding Club.

PO Box 846, Bendigo, 3552

The secretary will soon contact you, and before you know it you will be airborne with Bendigo Gliding Club!



BENDIGO GLIDING CLUB INC PO Box 846 BENDIGO VIC 3552

Incorporation No. A0000591J ABN 87 890 655 043



APPLICATION FOR MEMBERSHIP

SURNAME	G	GIVEN NAMES
RESIDENTIAL ADDRESS		
POSTAL ADDRESS (If differen	nt)	
MOBILE	_ HOME	WORK
EMAIL		
DATE OF BIRTH/_		
		n to membership of the Bendigo Gliding Club Inc. by the Committee and I agree to abide by the rules of
Membership Type (Tick one)	O Full	O Student O Associate
Signed		Date/
Nominated by:		
Name	;	Signature
Seconded by:		
Name	:	Signature
CONCENT OF PARENT OF	OUADDIAN	UE ARRUGANT IO UNRER 40 VEARO OF ACE
		IF APPLICANT IS UNDER 18 YEARS OF AGE
am the parent or guardian of the consent to this application.	e above applic	cant who is under 18 years of age, and I hereby
Signed		
Date	_	