

**WEST COAST FLYING CLUB**  
**SALDANHA**  
MEMBERSHIP APPLICATION FORM

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Surname: \_\_\_\_\_

Christian name: \_\_\_\_\_

Identity No.: \_\_\_\_\_

License Type: \_\_\_\_\_

Postal address

Physical Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact no.(Tel/Fax): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Previous Clubs: \_\_\_\_\_

Permanent member:

Student member:

Aircraft Owner: 

Y	N
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Aircraft call sign: \_\_\_\_\_

Pilot license no.: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of application