

The South African Gyroplane Association

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MEMBERSHIP APPLICATION FORM

Personal Details

Name and Surname:				
Postal Address:		Code:		
Home Address:		Code:		
Email Address:				
Telephone Numbers:	Mobile:		Home:	
	Office:		Fax:	
ID Number:				

Contact Details in Case of an Emergency

Next of Kin:		Relationship:		
Telephone Numbers:	Mobile:		Home:	
Medical Aid		Membership No.		

Aircraft Details

Registration Letters:			
Manufacturer:		Type:	

Flying Experience

Licence No:	
Total Gyro Hours:	
Where did you complete your training:	
Airfield you operate from:	

Declaration

I hereby certify that all information supplied above to be correct and true. I subscribe to the rules and conduct of SAGPA current and amended by the executive committee.	
	Signed
	Date