



SAGPA Membership Application

Personal Details:

Name & Surname _____

Postal Address _____

Home Address _____

E-Mail _____

Phone (H) _____ Phone (W) _____

Phone (Cell) _____

ID Number _____

Next of Kin _____ Phone _____

ID Number _____

Medical Aid _____

Medical Aid No _____

Aircraft Details:

Registration Letters _____

Make _____

Engin _____

Flying Experience:

Licence no _____

Total gyro hours to date _____

Total gyro hours last 12 months _____

Where did you do your training? _____

What Province do you fly from? _____

What airfield do you fly from? _____

I hereby certify the above information to be true.	SIGNED _____
	DATE _____