



# Hang Gliding & Paragliding Association of Canada Association Canadienne de Vol Libre

#302 – 5628 Birney Avenue, Vancouver, BC, V6S 0H7 Phone: 877-370-2078 (toll-free)

Email: admin@hpac.ca

## TEMPORARY 60 DAY NON-RESIDENT MEMBERSHIP APPLICATION

Issued to non-resident pilots as proof of temporary insurance and membership in the Hang Gliding and Paragliding Association of Canada / Association Canadienne De Vol Libre. Coverage of \$5,000,000 Third-party Bodily and Property Damage Liability with \$5,000 deductible for each property damage claim. Insurance valid in Canada only. Permanent residents of Canada are not eligible for temporary insurance.

Fee \$40      Date Paid: \_\_\_\_\_      Membership Expiry Date: \_\_\_\_\_

Issued to:      Name: \_\_\_\_\_      Country: \_\_\_\_\_

Issued by:      Name: \_\_\_\_\_      HPAC/ACVL #: \_\_\_\_\_

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This top part goes to the temporary member.      Cut along this line, below.

This bottom part is to be sent to the HPAC

### CERTIFICATE OF TEMPORARY MEMBERSHIP AND INSURANCE

#### HPAC/ACVL MEMBERS PLEASE NOTE:

- Any member of the HPAC/ACVL may collect an application for a temporary membership.
- Fill both halves of the form (cut this sheet at the dotted line) and ensure that the applicant signs the waiver.
- Give the top portion to the temporary member as proof of membership and insurance.
- Return this bottom portion **and waiver** to the HPAC/ACVL Office (address at the top) with the \$40 fee.
- **DO NOT DELAY**. The HPAC/ACVL office needs this application on file.
- Be sure to fill out form completely and legibly so that the registration is proper and the insurance is valid.

**Payment: money order in Canadian dollars or Canadian cash only.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State or province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Rating: \_\_\_\_\_ Country: \_\_\_\_\_ IPPI Rating: \_\_\_\_\_

Emergency Contact name (required): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Temporary Member: \_\_\_\_\_ Date: \_\_\_\_\_

Collected By:      Name: \_\_\_\_\_      HPAC/ACVL#: \_\_\_\_\_

Signature of HPAC/ACVL Member: \_\_\_\_\_ Date: \_\_\_\_\_