

Membership no

**MIDLAND GLIDING CLUB LIMITED**  
A member of the British Gliding Association  
Airfield and registered office: The Long Mynd,  
Church Stretton, Shropshire SY6 6TA

Tel: 01588 650206  
Email: office@midlandgliding.club  
web site: www.midlandgliding.club

**APPLICATION FOR MEMBERSHIP**  
(Full or associate social or associate junior)

I, [print full name] .....  
of [print home address] .....  
.....  
..... post code .....  
date of birth ..... email address .....  
home telephone number ..... mobile telephone number .....

**APPLY** for membership of the Midland Gliding Club Limited ("the Club") in the following category [*tick box*]:

Full   
Junior   
Associate   
Social

**subject** to the following in force from time to time:

- the Statutory Rules of the Club,
- the Club's Local Flying Rules, and
- the Laws and Rules of the British Gliding Association.

**Initial payment**

share	£	.10
entrance fee	£	
membership subscription	£	.
<b>total</b>	£	.

## Medical requirements

### A pre-solo pilot

I declare that I have a standard of fitness equivalent to the private driver standard and I believe that I am fit to fly. I will not fly from the Club's airfield if I suffer from any condition which reduces my level of fitness until I have produced to the Club the written confirmation from my General Practitioner that it is safe for me to continue flying.

### A solo pilot

I agree with the Club that I will not fly an aircraft from the Club's airfield solo unless I satisfy the medical requirements of the British Gliding Association at the time and I will provide a copy to the Club of my medical declaration with the endorsement of my General Practitioner before flying.

**The Midland Gliding Club is required to collect and use personal data in order to administer the Club effectively and to meet certain member, legal and BGA requirements. Please confirm, by ticking the box x that you authorise the club to hold and process your personal data accordingly. A copy of the club Personal Data Privacy Statement is available on request.**

Signed ..... date ..... 20.....

### Applicant under the age of 18 years

I, (print full name) .....

of .....

..... post code .....

being the parent / legal guardian of the applicant:

- consent to the application for membership; and
- agree to be responsible for the payment of all fees and charges payable by the applicant to the Club for so long as the applicant is a junior associate member.

Signed ..... date ..... 20.....