

Membership no:



MIDLAND GLIDING CLUB LIMITED

Company no. 11889R

Registered office: The Long Mynd, Church Stretton, Shropshire SY6 6TA

telephone: 01588 650206 email: office@midlandgliding.club

APPLICATION FOR MEMBERSHIP

(Full or Annual Associate)

I, [print full name].....

of [print home address]

.....post codedate of birth

email address@.....

telephone numbers: home.....mobile.....

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

- | | |
|----------------------------|--------------------------|
| Full | <input type="checkbox"/> |
| Associate | <input type="checkbox"/> |
| - 2 nd BGA Club | <input type="checkbox"/> |
| - Introductory Membership | <input type="checkbox"/> |
| - Junior | <input type="checkbox"/> |
| - Social | <input type="checkbox"/> |

subject to the following in force from time to time:

- the Statutory Rules of the Club,
- the Club's Flying Order Book, and
- the Laws and Rules of the British Gliding Association

Initial payment

Share	£ 0 .10p	
Membership subscription	£	Type:
Flying fee	£	Type:
Total paid by: cheque / cash / card	£	

General Data Protection Regulations

The Club is required to collect and use personal data to administer the Club effectively and to meet certain legal and Club requirements. I authorise the Club to hold and process my personal data accordingly. A copy of the Club's Personal Data Privacy Statement is available on request.

I also consent to receiving emails from the Club.

Tick box to disagree

Medical Requirements

A pre-solo pilot :

I declare that I do not suffer from any medical condition which might adversely affect flight and I agree with the Club that I will discuss any issue about this with my instructor in confidence.

A post solo pilot :

I agree with the Club that I will not fly from the Club's airfield, either solo or with another solo pilot who is not an instructor, unless:

- (i) I comply with the medical requirements of the British Gliding Association in force at the time; and
- (ii) I have first signed the Club's Medical Declaration and given this to the office

Signed Date 20.....

Consent of parent or guardian if the applicant is under the age of 18 years

I, (print full name)

of

.....post code

email address@.....

my telephone numbers:

home mobile.....

being the parent / legal guardian (*delete as appropriate*) 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 under the age of 18 years.

Signed Date 20.....