

Membership no

MIDLAND GLIDING CLUB LIMITED

Airfield and registered office: The Long Mynd,
Church Stretton, Shropshire SY6 6TA

tel: 01588 650206

email: office@midlandgliding.club

web: www.midlandgliding.club

APPLICATION FOR ASSOCIATE MEMBERSHIP

(Visitors, or for a first lesson or a course)

I, *[print full name]*

of *[print home address]*

.....post code

date of birthemail address

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

APPLY for associate membership of the Midland Gliding Club Limited (“the Club”) for a period of three months from the date of this application in the following category *[tick box]*:

- | | | |
|--|--------------------------|-----------------------------|
| Visiting pilot | <input type="checkbox"/> | complete sections 1 and 2 |
| First lesson (including further lessons) | <input type="checkbox"/> | complete only section 2 |
| Course (including further lessons) | <input type="checkbox"/> | complete only section 2 |
| Visiting social with no flying | <input type="checkbox"/> | no sections to be completed |
| Visiting social with a flight as a passenger | <input type="checkbox"/> | complete only section 2 |

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.

By submitting this registration form, you indicate your consent to receiving email messages from us. If you do not want to receive such messages, tick here:

SECTION 1 - for visiting pilots only

Glider typeregistration or competition number

Home Club

Insurance certificate seen by the office ARC or C of A certificate seen by the office

Medical requirements: type of evidence: *(copy with the Club)*

Damage Waiver Fee of £ is paid: Yes / No

SECTION 1 *continued - for visiting pilots only*

I agree with the Club:

1. not to fly from the Club’s airfield until I have read the Club’s Instructions for Glider Pilots available on the Club’s web page; and
2. if I have **not** paid the Damage Waiver Fee with this application, to pay to the Club on demand whichever is the smaller of:
 - either (i) the repair or replacement costs relating to any damage sustained by a Club ` aircraft being used (including ground handling) by me at any time when I am responsible for it as P1,
 - or (ii) the policy excess which would be payable on an insurance claim by the Club in respect of such damage, whether a claim is made or not.

SECTION 2 - *for visiting pilots, applicants on a course or for a first lesson flight*

Medical Requirements

A pre-solo pilot - I declare that I will not fly at any time from the Club’s airfield if I have any medical condition which might adversely affect the flight and I undertake to declare any such condition to my instructor in confidence if I have any such condition before or during any flight.

A post solo pilot - I agree with the Club that that I will not fly an aircraft from the Club’s airfield unless I satisfy the medical requirements of the British Gliding Association at the time and I agree to provide a copy to the Club of the acceptable evidence that the requirement is being satisfied at all times.

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

Applicant under the age of 18 years.

I, (*print full name*)

of

.....post code

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 a junior associate member.
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Signed Date