

Membership no:



MIDLAND GLIDING CLUB LIMITED

Company no: 11889R Registered office: The Long Mynd, Church Stretton, Shropshire 6TA SY6 telephone: 01588 650206 email: office@midlandgliding.club

APPLICATION FOR ASSOCIATE MEMBERSHIP

(Visitors or for an introductory flight or a course)

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

APPLY for associate membership of the Midland Gliding Club Limited (“the Club”) for a period of 28 days from the date of this application in the following category [tick one box]:

- | | | |
|---|--------------------------|----------------------------------|
| Visiting pilot | <input type="checkbox"/> | complete sections 1 and 2 |
| Introductory flight (including further lessons) | <input type="checkbox"/> | complete only section 2 |
| Course (including further lessons) | <input type="checkbox"/> | complete only section 2 Visiting |
| social (with or without a passenger flight) | <input type="checkbox"/> | no sections to be completed |

Subject to the following in force from time to time:

- the Statutory Rules of the Club,
- the Club’s Operating Procedures, and
- the Laws and Rules of the British Gliding Association.

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

SECTION 1 (for visiting pilots only)

Glider type

Registration

competition number

Signed Medical Declaration with the office

Glider insurance certificate seen by the office

ARC or C of A certificate seen by the office

Home Club

Damage to a Club aircraft

Damage Waiver Fee of £ paid: Yes No

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:
 - 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 PI, or
 - 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 and applicants on a course or for an introductory flight)

Medical Requirements

A pre-solo pilot: I declare that I do not suffer from any medical condition which might adversely affect the 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:

1. I comply with the medical requirements of the British Gliding Association in force at the time; and
2. 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 [print home address]

.....

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

my telephone numbers: home mobile

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 under the age of 18 years.

Signed date 20.....