

APPLICATION FOR ASSOCIATE MEMBERSHIP

To Midland Gliding Club Limited:

I APPLY for temporary Associate Membership of the Midland Gliding Club Ltd ('the Club') on a daily basis and in any event for a period not exceeding 28 days.

IN CONSIDERATION of my being admitted as a temporary Associate Member of the Club and of being afforded gliding facilities by the Club I agree and undertake with the Club and also with its officers, members and servants as follows:

- (1) To observe and perform the Rules of the Club and such other operational regulations and instructions as shall be given from time to time;
 - (2) To observe and perform the provisions of the Laws and Rules of the British Gliding Association as published from time to time;
- NOTE: Copies of the above mentioned documents may be viewed in the Club office.*
- (3) Not to cause or permit anything to be done in the course of any membership which should at any time be or become a danger or hazard to the Club, its members, its property, or to its flying operations.
 - (4) To pay the temporary membership and other fees due prior to my departure from the Club.

I DECLARE that I have never suffered from any of the conditions outlined in the following Schedule, and that in the event of my contracting or suspecting any such condition I will not fly until I have obtained an opinion from my regular General Practitioner that it is safe for me to do so.

Schedule

Any medical condition which may create or lead to a dangerous situation in flight, particularly blackout, epilepsy, severe head injury, recurrent fainting or giddiness, high blood pressure, coronary artery disease, insulin dependent diabetes, dependency on alcohol or drugs.

Signed.....Date.....
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In the case of a person under the age of 18 years this form should be countersigned below by his/her parent or guardian.

I (print full name)
Being the parent/guardian of the above named applicant consent to the application for associate membership being made

Signed.....Date.....
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ADDITIONAL DECLARATION REQUIRED TO BE COMPLETED BY PERSONS AGED 70 YEARS AND ABOVE WHO WISH TO FLY SOLO IN THE CLUB'S GLIDERS.

I HEREBY AGREE, IN THE EVENT OF ANY CLAIM ARISING FROM AN INCIDENT ATTRIBUTABLE TO MY SOLO FLIGHT IN CLUB GLIDERS, THAT I WILL INDEMNIFY THE MIDLAND GLIDING CLUB LTD. IN RESPECT OF THE FIRST £500 OF ANY SUCH CLAIM AT THE DISCRETION OF THE GENERAL COMMITTEE.

Signed.....Date.....
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APPLICATION FOR TRAINING COURSE

Full name

Address

..... Post Code

Daytime telephone

PREVIOUS GLIDING EXPERIENCE

I am a beginner OR

I have hours solo hours dual

Bronze/Silver/Gold/PPL

date of my last solo flight

I became aware of the Club's courses through

I WISH TO ATTEND *

Holiday Course Number Date

Alternative Date

As a full member of the course

OR

As a private owner with my own glider

AGE

When the course starts I will be: at least 18
16 or 17
14 or 15

Those aged 14 or 15 cannot be accepted unless one of their parents is a Club member.

ACCOMMODATION

Please reserve for me:

a bunk in the bunkhouse

OR

a private room containing 4 single bunks

OR

a private room with a double bed

OR

a caravan/tent space

I ENCLOSE A CHEQUE payable to *Midland Gliding Club Limited* for:

or CHARGE my VISA or MASTERCARD or SWITCH account

I agree to pay any outstanding balance

at least ONE MONTH prior to the course

Flying fee £

Bunk fee £

Private room fee £

OR Non-refundable deposit £50.....

OR Private owner deposit £25.....

Card expires:

Card number

with £

Signed Date

PLEASE ALSO SIGN the application on the reverse if you are not a club member