

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.....

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.....

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.

Signed.....Date.....

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APPLICATION FOR HOLIDAY 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

* Please enter "S" for Standard "C" for Cross Country

Please tick relevant boxes

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: Flying fee £

or CHARGE my VISA or MASTERCARD or SWITCH account Bunk fee £

I agree to pay any outstanding balance Private room fee £

at least ONE MONTH prior to the course OR Non-refundable deposit £100.....

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

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