

Membership no

**MIDLAND GLIDING CLUB LIMITED**

A member of the British Gliding Association

**Airfield and registered office**

The Long Mynd, Church Stretton  
Shropshire SY6 6TA

**Tel: 01588 650206**

Fax: 01588 650532

**Email: [office@longmynd.com](mailto:office@longmynd.com)**

web site: [www.longmynd.com](http://www.longmynd.com)

VAT reg.no I605738 66

**APPLICATION FOR MEMBERSHIP**

I, (print full name) \_\_\_\_\_

of (print home address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

post code \_\_\_\_\_ date of birth \_\_\_\_\_

telephone number \_\_\_\_\_ email address \_\_\_\_\_

**APPLY** to be admitted as a member of the Midland Gliding Club Limited ( the Club ) in the following category :

**Full / Country / Junior / Social / Overseas**

**IN CONSIDERATION** of being admitted as a member of the Club, I agree and undertake with the Club as follows :

1. to comply with the following:
  - the Rules of the Club,
  - the Club s Local Flying Rules, and
  - the Laws and Rules of the British Gliding Association ( the B G A )which are in force from time to time and which are available in the Club s premises;
2. to comply with any specific briefings given to me by instructors or Club officials regarding matters of general airfield operations and flying safety; and
3. to pay to the Club all fees and charges owing to the Club for which I am liable.

**INITIAL PAYMENT**

I enclose a cheque made payable to Midland Gliding Club Limited

I enclose cash

Please charge my Access / Mastercard or Visa account

number \_\_\_\_\_ expiry \_\_\_\_\_

in payment of the following

share	£	.10
membership subscription	£	.
<b>total</b>	£	.

## MEDICAL REQUIREMENTS

**A pre-solo pilot:** I declare that I have never suffered and do not now suffer from any of the conditions mentioned in the following Schedule and that, in the event of me suffering from or suspecting that I suffer from any of such conditions, I will not fly until I have obtained written approval from my General Practitioner that it is safe for me to carry on flying

### The Schedule

Any medical or psychiatric 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, angina, coronary heart disease, insulin dependent diabetes and dependency on drugs or alcohol.

**A solo pilot:** I agree that I will not fly an aircraft belonging to the Club solo unless I satisfy the medical requirements of the B G A at the time and that I will provide a copy to the Club of my medical declaration with the endorsement of my General Practitioner before flying.

**SIGNED** \_\_\_\_\_ date \_\_\_\_\_ 20 \_\_\_\_\_

### **APPLICANT UNDER THE AGE OF 18 YEARS.**

I, (print full name) \_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_

post code \_\_\_\_\_

telephone \_\_\_\_\_

email address \_\_\_\_\_

being the parent / legal guardian of the applicant consent to the application for membership and agree to be responsible for all fees and charges payable by the applicant to the Club.

**SIGNED** \_\_\_\_\_ date \_\_\_\_\_ 20 \_\_\_\_\_