

Membership no L
T

MIDLAND GLIDING CLUB LIMITED

The Long Mynd, Church Stretton, Shropshire SY6 6TA

APPLICATION FOR ASSOCIATE MEMBERSHIP

including a trial lesson

I, (print full name) _____

of (print home address) _____

post code _____ date of birth _____

telephone number _____

email address _____

APPLY to be admitted as an associate member of the Midland Gliding Club Limited (the Club) for a trial lesson with membership for a period of 3 months from today.

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

1. to comply with any specific briefings given to me by instructors or Club officials regarding matters of general airfield operations and flying safety; and
2. to pay to the Club all fees and charges owing to the Club for which I am liable;

AND in the event that I return for further lessons, I agree and undertake with the Club that I will also comply with the following :

- the Rules of the Club as to membership,
- 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.

continued overleaf

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

web site: www.longmynd.com

VAT reg.no I605738 66

MEDICAL REQUIREMENTS

I declare that I have never suffered and do not now suffer from any of the conditions mentioned in the Schedule below 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.

SIGNED _____ date _____ 20 _____

APPLICANT UNDER THE AGE OF 18 YEARS.

I, (print full name) _____

of the above 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 _____

version 3 pf

Cut.....

RECEIPT AND PROOF OF MEMBERSHIP
Please retain this receipt and produce it on request

Membership no L T

Midland Gliding Club Limited acknowledges receipt of payment of the sum of £ _____ for a trial lesson (standard / mile high) for with associate membership for a period of 3 months from today.

SIGNEDdate 20.....

for Midland Gliding Club Limited