

BLACK MOUNTAINS GLIDING CLUB MEMBERSHIP APPLICATION FORM

Date of Application: (month) _____ (year) _____	ACCOUNT CODE <i>if known</i>	_____
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<i>Friends & Family members need complete sections A, B and F only</i>	MEMBERSHIP TYPE	_____
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A. Your Details

Name:	_____	Address:	_____
Telephone:	_____	Mob.	_____
Email:	_____		
D.O.B	_____		

B. Next of Kin

Name:	_____	Address:	_____
Telephone:	_____	Mob.	_____
Relationship:	_____	(if different)	_____

Home club: <i>for country members only</i>	Home Club membership number:	_____
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C. Flying Details

Flying in last 12 months:	Launches	<input type="text"/>	Hours	<input type="text"/>	X-C km	<input type="text"/>	Total Flying:	Launches	<input type="text"/>	Hours	<input type="text"/>
Flying Experience:	Pre-solo	<input type="checkbox"/>	Solo	<input type="checkbox"/>	Basic instructor	<input type="checkbox"/>	Ass. cat.	<input type="checkbox"/>	Full cat.	<input type="checkbox"/>	
Badges Held:	_____	Diamonds:	_____	O.O.number:	(if any) _____						
Annual Review	For COUNTRY MEMBERS only - Date of last annual check/review: _____ <i>If none completed, a flying review will be required at BMGC. (Not applicable to instructors)</i>										

D. Subscription & Optional Additions *(see accompanying charges sheet for rates)*

Membership fee: <i>(Joint members complete a form each with payment details on just one)</i>	£	_____
Plus Friends & Family membership: <input type="checkbox"/>	Name of F & F member: _____	£ _____
Glider Trailer / hangar space: <input type="checkbox"/>	For glider(s) with reg'n: _____	£ _____
Total amount due:		£ _____

E. Medical Certification

A copy of my current medical certificate or equivalent:	is held by BMGC	<input type="checkbox"/>	is attached	<input type="checkbox"/>
I understand that I am unable to fly a club aircraft unless the club holds a copy of my current medical certificate.				<input type="checkbox"/>

F. Declaration

I do not suffer from any medical condition that might cause difficulty whilst flying.	<input type="checkbox"/>
I apply to join or rejoin BMGC and I will comply with the Child Protection Policy as displayed in the club and on the website www.blackmountainsgliding.co.uk . I understand that membership is provisional until ratified by the BMGC Directors at their next meeting.	<input type="checkbox"/>
Date _____	Please sign if submitting printed from by post _____
The British Gliding Association holds basic data on its members. BMGC is occasionally asked to update this data to keep it current. If you do not wish for updates of your data to be sent from the club please click here: <input type="checkbox"/>	

Please return this form to the club: either **Save and Email** as an attachment to enquiries@blackmountainsgliding.co.uk or **Print and Post** to the Membership Secretary at the club address below.