	SOUTHDOWN GLIDING CLUB **Application for Membership or Associate Membership**	**MEMBERSHIP SEC ONLY:** **Membership Number**

Applicant's Details (BLOCK CAPITALS PLEASE)

Full Name (Mr/Mrs/Ms)			Occupation			Date of Birth		
Address								
Postcode		Tel Nos:	H		M		W	
Email Address	H:			W:				

Previous Flying Experience

Gliding Badges					Other Flying Experience and clubs
Gliding Hours	Solo		Dual		
Power Licence (types)			Power Hours		

Undertaking

I apply to become a Member / Associate Member of the Club for the purpose of flying in gliders or aeroplanes as pilot-in-command or crew under instruction or as a passenger. In consideration of my being admitted as a Member / Associate Member of the Club, I undertake and agree:

a) To recognise that the club is a co-operative run on volunteer lines and along with other members I will undertake to spend several days each year helping out.
b) To be bound by and observe the Constitution, Rules, Regulations and the Bye-Laws of the Club
c) That, if so requested, I shall reimburse the Club in respect of any loss suffered by the Club (other than amounts recoverable by the Club under its insurance policies) in respect of any damage caused by any act or omission by me to any aircraft, property or equipment. I am aware that copies of the Club's insurance policies, Constitution, Rules, Regulations and Bye-Laws are available for inspection or on the website prior to my signing this undertaking.
d) To carry sufficient personal insurance
e) To conform to the General Data Protection Regulation (GDPR). I agree that the information on this Form and any subsequent amendments may be securely held on the Club's computer files and used solely for Club Purposes. I understand that previous flying clubs may be contacted for information about me.
f) I am **over/under*** 18 years of age. Applicants under 18 years must obtain a signature from a parent or legal guardian (see below). *Delete as appropriate.
g) I agree to be bound by, and observe, the Club Operational and Safety Rules, the Medical Notes (see below), and all Regulations of the Club and the British Gliding Association including but not limited to Flying, Child Protection, and Member Code of Conduct.
h) I agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests I may bring to the gliding site.

I wish to become a Member in the following category (Tick one box):

Full Flying Member (26 and over)		**Restricted Associate** (Up to 6 flights per year)	
Junior Flying Member (13-25)		**Junior Restricted Associate** (Up to 6 flights per year)	
Joint Flying Members (married or cohabiting couple)		**Family Associate** (Up to 6 flights per year for the group)	
Winter Flying Member (October to March only)		**Social**	
		Overseas Flying Member	

My total remittance is £ ……

Signed …… (the Applicant) Date ……...

In the presence of:

Witness name		**Occupation**	
Witness Address		**Postcode:**	
Witness Signature			

Declaration of Physical Fitness and Medical Information

I hereby declare that I have never suffered from any of the following that I understand may create or lead to a dangerous situation during flight:

Epilepsy fits, severe head injury, recurrent fainting, giddiness or blackouts, unusually high blood pressure, a previous coronary thrombosis, angina or from any other disability, mental or physical, which may endanger myself or any other person whilst undertaking the activity of flying or gliding. I am not an insulin-dependent diabetic.

In case of doubt, I will seek clarifying medical advice.

I further declare that, in the event of my contracting or suspecting I may have any of the above conditions, I will cease to fly until I have obtained a medical opinion and reported it to the Club.

I understand that there is a medical requirement for solo flight that I must comply with as set out in BGA Laws and Rules medical standards.

Applicant's Name (BLOCK CAPITALS) ……..

Signed …… Date ……

Medical Notes – Please Read Before Signing

The following conditions may cause difficulty whilst flying:

Chronic Bronchitis, Severe Asthma, Acute or Chronic Sinus Disease, Acute or Chronic Ear Disease, Eye Trouble (e.g. the inability to read a car number plate at 25 metres with corrective spectacles if required), Regular Severe Migraine, Diabetes (in any form), Rheumatic Fever, Kidney Stones, Psychiatric Disorders, Severe Motion or Travel Sickness, any condition requiring the regular use of drugs (includes any medication whatsoever), some physical disabilities and Neuromuscular disorders.

If you suffer or have suffered from any of these, you are advised to seek appropriate medical advice before signing the Declaration of Physical Fitness.

You are further advised that:

- If you normally wear spectacles, you should always carry a readily accessible spare pair whilst flying or gliding,
- Pregnancy, minor illnesses, drugs (prescribed or otherwise) and the donation of blood may make you temporarily unfit to fly.

Medical conditions

Please detail below any important information on medical conditions or disabilities that the club should be aware of in the event of an emergency (e.g. epilepsy, asthma, diabetes, medication or treatments etc.) Please also indicate if there is any special provision or equipment that could be helpful to you in the case of any disability.

GP Details (optional)

Doctor:	
Surgery:	
Telephone:	

Data Protection – Permission to add you to our mailing list

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement available on the Southdown Gliding Club website www.southdowngliding.co.uk
We would like to send you additional information that is relevant to you.
By ticking the Opt In box you consent to receive our newsletter and other email communications from us about our upcoming events, offers and ways for you to get involved with the sport, including information and news about gliding. You will have the opportunity to join or follow communication platforms such as club WhatsApp groups, Facebook account etc., in which you may choose to participate at your own discretion. A Social Media Policy and guidelines are available on the club's website www.southdowngliding.co.uk

- ☐ **Opt In**
- ☐ **Opt Out**

Signed …… **Date** ……

You may opt out of receiving club communications (other than Operational or Safety messages) or tell the club you prefer not to have your photograph used in club communications at any time by contacting the Club Office Office@southdowngliding.co.uk. The club will use its best endeavours to respect your choice.

Legal Liability Disclaimer for Minors under the age of 18 years

I declare that I have read and understood the Undertakings given on this page and overleaf and that I am the Parent/Legal Guardian of the Applicant who has given the Undertakings and who is under 18 years of age. I agree both on my own behalf and on behalf of the Applicant to accept and be bound by the Undertakings.

I also accept responsibility for any unsettled accounts incurred by the Applicant.

I do/do not give permission for photos to be taken of the Applicant and used by the Club (delete as appropriate)

Signed …… (Parent/Guardian of the Applicant) **Date** ……

Please complete all the details below:

Name (BLOCK CAPITALS)				**Occupation**		
Address						
Postcode		**Tel Nos**	**H**		**M**	
Email:						

In the presence of:

Witness name		**Occupation**	
Witness Address		**Postcode:**	
Witness Signature			

Emergency Information

Member's name

Please note: Access to your emergency information will be strictly limited. The information you share here will be filed securely and placed in the Club's emergency response file where it will only be accessed if required. It will not be shared or used for any other purpose.
In the event of an emergency, we will share your information with appropriate agencies if it is in your vital interest to do so.

Emergency Contact Details (For Minors, to be completed by parent or legal guardian)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident. Please asterisk your next of kin.
Please supply sufficient details for us to be able to contact them in the event of an emergency. Please note that you will need to ensure we are kept informed of any changes to these details.

Name	Relationship	Telephone