



SOUTHDOWN GLIDING CLUB

Application for Membership or Associate Membership

MEMBERSHIP SEC ONLY:

Membership Number

To The Committee of Management:**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 / Relevant Information		
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:

- To be bound by and observe the Constitution, Rules, Regulations and the Bye-Laws of the Club
- 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 in the Clubhouse or on the website prior to my signing this undertaking.
- To conform to the General Data Protection Regulation. I agree that the information on this Form and any subsequent amendments may be securely held on the Club's computer files solely for Club Purposes and for the duration of my membership only, after which it will be erased.
- I am **over/under*** 18 years of age. Applicants under 18 years must obtain a signature from a parent or guardian (see over). *Delete as appropriate.

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 (husband & wife)		Family Associate	
Winter Flying (October to March only)		Social	
Special Event Groups (Competitions/VGR/Visiting)		Overseas Flying Member	

My total remittance is £

I wish to pay by Debit / Credit* Card Type (Switch / Mastercard / Visa) *Delete as appropriate

Name on Card		Card No		Exp date		
--------------	--	---------	--	----------	--	--

Signed (the Applicant) Date

In the presence of:

Witness name		Occupation	
Witness Address		Postcode:	
Witness Signature			

NOW PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

Declaration of Physical Fitness

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 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 consult my GP for 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.

Applicant's Name (BLOCK CAPITALS)

Signed Date

BEFORE FLYING SOLO

All applicants must also complete and submit to the club

Notes – Please Read

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 take medical opinion 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,
- Minor illnesses, drugs (prescribed or otherwise) and the donation of blood may make you temporarily unfit to fly.

Legal Liability Disclaimer for Minors under the age of 18 years

I declare that I have read and understood the Undertaking given overleaf and that I am the Parent/Legal Guardian of the Applicant who has given the Undertaking 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 said Undertaking.

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

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						

Permission to use my Credit Card / Debit Card details:

I give / do not give* my permission for the club to only use my credit card / debit card details overleaf to take automatic payment of any account debts at the end of each month. If not, then I agree to leave £100 deposit as a credit in my account
*delete as appropriate

Signed (APPLICANT /CARD OWNER)

Date