

Membership No: \_\_\_\_\_



## Application for Membership

### Applicant Details Please use block capitals

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Tel No Evening \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_ e-mail \_\_\_\_\_  
Tel No Day \_\_\_\_\_ Occupation \_\_\_\_\_

### Next of Kin (for contact in an emergency)

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Tel No Day \_\_\_\_\_ Tel No Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Membership Class  Full Flying  Solo spouse  Young Adult  Cadet  Family  Associate

In consideration of my admission as a member of Cambridge Gliding Club Ltd (the Club) and in consideration of my being afforded facilities by the Club, it's Associates and/or the British Gliding Association for gliding and/or gliding instruction;

- 1) I agree to be bound by the Club constitution as set out in its Memorandum and Articles and Rules, and by its Flying Regulations. In the event of the Club being wound up whilst I am a member, or within one year of my ceasing to be a member, I undertake to contribute such sum as may be required, not exceeding one pound Sterling (£1-00) for the payment of the costs of winding up, and of debts and liabilities incurred before I ceased to be a member.
- 2) I acknowledge that gliding is potentially a hazardous activity, both in the air and on the ground. In becoming a member I am willingly accepting that there are some risks to me and my property and I understand that neither I nor my personal representatives will have any claim against the Club or the British Gliding Association or any of its members, officers, servants, employees or agents in respect of:
  - a) Any loss or damage, including loss or damage to property, or
  - b) any personal injury, including deathwhich I, or my personal representatives, dependents or heirs may suffer in consequence of my membership of the Club or as a consequence of my flying in any aircraft or the carrying out of the activities of the Club or the British Gliding Association, whether such loss, damage or injury arises by virtue of the negligence of any person or any cause whatsoever.

### BGA Declaration of Medical Fitness

#### Pre-solo pilots only

I hereby declare that I have never suffered from any of the following, which I understand may lead to a dangerous situation in flight:

Epilepsy, fits, severe head injury, recurrent fainting, giddiness or blackouts, unusually high blood pressure, a coronary.

I am not taking insulin regularly for the control of diabetes. I understand that minor illnesses, inoculations, drugs or the donation of blood may make me temporarily unfit unless I am in a normal state of health. I understand that it is my responsibility to inform the Club if any change occurs which affects this declaration of fitness.

I also declare that I will bring to the attention of my Instructor any medical condition which could cause an adverse effect during flight.

#### Solo Flying

I am aware that before I undertake a solo flight at Cambridge Gliding Centre I must have a valid United Kingdom National Pilot Licence Medical declaration. I also understand that a copy of this declaration, or proof of exemption, must be lodged with the Club prior to my first solo flight. (The appropriate forms and explanatory notes are available from the Club office)

**It will not be possible to utilise the flying facilities of Cambridge Gliding Centre as a solo pilot without the satisfactory fulfilment of this requirement.**

I agree that a summary copy of this application can be displayed in a public place within the Club premises in accordance with the Article 7.1 of the Club's constitution and that it can be forwarded to the Committee for consideration at the next available Committee meeting. Until approved by the Committee I acknowledge that my membership of Cambridge Gliding Club Ltd is provisional but with the flying privileges of the Membership Class for which I have applied.

In the event that my Application is NOT approved I agree that the subscription or other monies which I have paid can be refunded less any flying or other charges which I have incurred. In the event that the paid subscription is inadequate to cover all my incurred charges I further agree that I will settle these within 15 days of being invoiced for them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if under 18 \_\_\_\_\_

### For office use only

Payment received Y / N Amount £

Paid by Cheque  Cash  Credit or debit card  Premium Credit  e-banking

Account set up Y / N Medical declaration expires dd/yy/mm \_\_\_\_\_

e-mail address passed to traka demon and Club secretary? Y / N