

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



## Application for Reciprocal Membership Form

Please use block capitals

Name \_\_\_\_\_ Tel No Evening \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_ e-mail \_\_\_\_\_  
Tel No Day \_\_\_\_\_ Home Club \_\_\_\_\_

### The following declaration must be completed before you fly at Cambridge Gliding Centre.

I, the undersigned, hereby apply for Reciprocal membership of Cambridge Gliding Centre to run from the date of signature below. I am currently a member of the gliding Club as indicated above.

I hereby undertake to observe the Flying Regulations, rules and other regulations of the Club and to pay promptly all flying and other charges as required by the Rules and Regulations, or as determined by the Committee of the Club, as I incur them. (Copies of the Rules and Flying Regulations are in the Office).

I meet the requirements of one of the medical fitness statements below:

### BGA Declaration of Medical Fitness

#### Pre-solo pilots

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. A copy has been taken by the office of CGC and is attached to this form.

**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.**

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

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

Length of visit \_\_\_\_\_ days From: \_\_\_\_\_

Glider type: \_\_\_\_\_ No: \_\_\_\_\_

Vehicle/Caravan details etc \_\_\_\_\_

### For office use only

Check LogFile for previous record before issuing next reciprocal membership number. If on database utilise the existing number but update information.

Daily Charge for \_\_\_\_ days  Paid by Cheque  Cash  Credit or debit card  e-banking