

Membership No: _____



Temporary Membership Form

(For visitors (who are not a member of another BGA Club) who are on a course at the Club or attending it for other flying training purposes)

Cambridge Gliding Centre

Please read the following notes before completing this application.

Cambridge Gliding Centre is the trading name of Cambridge Gliding Club Ltd which is a member's Club and as such does not give passenger flights or joy rides to the general public. We do, however, welcome new members and provide training for potential members and welcome other visitors who are on a course at the Club or attending it for other flying training purposes.

Accordingly we offer temporary membership to visitors for flying under instruction on the terms set out in this form, including these notes. Your Temporary Membership is valid for the period shown below.

If you do not already own one, log books, which are a BGA requirement if you undertake more than an initial trial lesson, are on sale in the Club office.

You should also read the Club rules, a copy of which you will also find in the Office.

The following declaration must be completed before you fly.

I, the undersigned, hereby apply for temporary membership of Cambridge Gliding Club Ltd for the period shown below.

I hereby undertake to observe the rules and 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.

BGA Declaration of Medical Fitness

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

I understand that it is my responsibility to inform the Club if any change occurs which affects this declaration of fitness.

Please use block capitals

Full Name _____ e-mail _____

Address _____ Tel No _____

_____ Post Code _____ Mobile _____

Signature _____ Date _____

If under 18 - Date of birth _____ Signature of parent or guardian _____

Daily Charge: For _____ Days Paid by Cheque Cash Credit or debit card Voucher No. _____

Period of Membership: Three Months From: _____