

**THE SOUTH WALES GLIDING CLUB LTD.
MEMBERSHIP APPLICATION FORM**

I, (Mr/Mrs/Miss) (FULL NAME in capitals)

OF (Address)

.....(Post Code)

(Tel. No:)(Mobile No:).....

(E-Mail Address).....

(OCCUPATION)

D.O.B/...../.....

Medical provided/...../.....

Desire to be admitted as a:

- | | | |
|----------------------------|--------------------------|--|
| Full Flying | <input type="checkbox"/> | <i>Please tick as appropriate</i> |
| Full Flying Spouse | <input type="checkbox"/> | |
| Full Time Education | <input type="checkbox"/> | |
| Under 16 | <input type="checkbox"/> | |
| 16 – 18 Years | <input type="checkbox"/> | |
| 18 – 21 | <input type="checkbox"/> | |
| 65 or over | <input type="checkbox"/> | |
| Package Full | <input type="checkbox"/> | |
| Package Winch | <input type="checkbox"/> | |
| Trial Flying | <input type="checkbox"/> | |
| Daily/Monthly/Reciprocal | <input type="checkbox"/> | |
| <i>(Please state club)</i> | <input type="checkbox"/> | |
| Associate | <input type="checkbox"/> | Prices are displayed in the clubhouse. |

Member of the Company and request you to enter my name in the register of members accordingly, subject to your Memorandum and Articles of Association.

All new membership applications are temporary until accepted by the Committee.

1. I agree to be bound by and observe the rules and Operational Regulations of the Club and of the British Gliding Association.
2. I have read and understood and confirm I comply with the BGA medical requirements for flying gliders.

Signature Date

I enclose £ in respect of my Membership subscription.

PLEASE MAKE CHEQUES PAYABLE TO:- THE SOUTH WALES GLIDING CLUB LTD.

In the event of an Emergency, please contact

Name.....Tel.....

IF UNDER 18 D.O.B. / /

I consent to my Son/Daughter/Ward becoming a Member of the Club and I undertake on his/her behalf the terms and conditions of Membership and indemnity as above.

Signature Date

Relationship: Father/Mother/Guardian