

This form creates legally binding obligations between you and the South Wales Gliding Club  
You should read it carefully before signing it.

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

I, (Mr, Ms).....(FULL NAME in capitals)

OF .....(Address)

.....(Post Code).....

(E-Mail Address).....

Tel.....Mobile.....

D.O.B...../...../....., Medical type.....Valid until.....

desire to be admitted as a (circle as appropriate): *Prices are displayed in the clubhouse*

Full Flying                      Full Flying Spouse                      Full-Time Education

Under 16                      16 – 18 Years                      18 – 21                      Trial Flying

Over 65 (in receipt of State Pension)                      Package                      Associate

Reciprocal – (BGA Club).....

member of the Company and request the entry of my name in the register of members, subject to SWGC Articles of Association.

**All new membership applications are temporary until accepted by the Directors of the Company.**

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 the Mandatory Safety Rules and Medical notes (provided on a separate sheet).
3. Package Members only. I accept the Terms and Conditions of Package Membership (provided on a separate sheet)

**If over 18 :**

Signature..... Date.....

I enclose £..... in respect of my membership subscription

Please make cheques payable to The South Wales Gliding Club Ltd

**If under 18 :**

I consent to my son/daughter/child in my care \* becoming a member of the Club and I undertake on his/her behalf the terms and conditions of Membership and indemnity as above. (\* Please delete as necessary)

Name of Parent/Guardian.....

Signature.....Date.....

Optional permission :

I consent to my son/daughter/child in my care\* driving ground vehicles solo, (only over-16s can drive tractors) after suitable training has taken place.

Signature.....Date.....

**DATA PROTECTION DECLARATION**

I understand that my personal information will be used by the Club for Club purposes and to ensure that I am kept informed about Club news and events. Details can be found in the Club’s Data Protection Policy.

I understand that from time to time it is necessary for the Club to share information about its members with the British Gliding Association.

Signature .....Date.....

Signature of Parent/Guardian.....Date.....

**EMERGENCY CONTACT DETAILS**

Please supply information about the person(s) who should be contacted in the case of an incident/accident. Please asterisk your next of kin.

Please supply sufficient details for the Club to be able to contact them in the event of an emergency. Please note that you will need to ensure that the Club is kept informed of any changes to these details.

Name	Telephone
.....	.....
.....	.....

Please detail below any important medical information that the Club should be aware of in the event of an emergency :