



Temporary Membership Application

TEMP. MEM. NO.

APPLICANT'S DETAILS:

TITLE	MR	MRS	MISS	MS	DR	OTHER
NAME						DATE OF BIRTH
ADDRESS						
POSTCODE						
PHONE						
E-MAIL						

EMERGENCY CONTACT / NEXT OF KIN:

TITLE	MR	MRS	MISS	MS	DR	OTHER
NAME						
ADDRESS						
POSTCODE						
PHONE						
RELATIONSHIP						

DECLARATION OF MEDICAL FITNESS

I hereby declare that I have not consumed alcohol prior to flying, and I do not suffer from the following, which I understand may create or lead to a dangerous situation in flight: Black-outs, fainting or dizziness (from any cause); epilepsy; severe head injury; high blood pressure, angina, coronary heart disease, insulin-dependent diabetes, breathlessness while at rest, recent admission to hospital, eye trouble, any nervous disorder or any other illness or injury which could be potentially life-threatening during flight.

SIGNED:

DATE:

WITNESS:

DATE:

DATA PROTECTION ACT

I consent to computer processing and limited use of my data by Bicester Gliding Centre as required by the British Gliding Association. We undertake not to sell your data to commercial organisations. Please tick here if you do not wish to receive further information by Bicester Gliding Centre

FORM OF CONSENT FOR YOUNG PERSONS UNDER 18

I, (Parent / Guardian) Hereby consent to

My Son / Daughter / Ward (Name)

To participate in the activities of Bicester Gliding Centre, including solo flying where applicable.

Signed: Parent / Guardian Date:

SOLO PILOTS

Medical Valid: From To

All pilots must submit a photocopy of a valid medical with this form, prior to flying solo.

Glider Comp ID:

Glider G-Registration:

Glider Type:

Glider Handicap:

Instructor Rating: yes / no Please specify.....

Badge Qualifications: Please specify highest

Power Endorsements: Please specify highest

Official Observer: yes / no

BGA Inspector: yes / no

First-aid qualified: yes / no

CREDIT CARD DETAILS

I agree that Bicester Gliding Centre may debit my Visa / MasterCard / Switch / Delta account for the cost of any flying that I may undertake during the period of my membership of Bicester Gliding Centre. This data will be kept securely then destroyed.

Name on Card:	
Card Number:	
Start Date	Expiry Date:
Security Number:	Issue Number (if applicable) :