



Application for Flying Membership

Surname	<input type="text"/>	Initials	<input type="text"/>	Title	<input type="text"/>
Preferred Forename	<input type="text"/>	Date of Birth	<input type="text"/>		
Address	<input type="text"/>	Home Phone	<input type="text"/>		
	<input type="text"/>	Work Phone	<input type="text"/>		
	<input type="text"/>	Mobile	<input type="text"/>		
Postcode	<input type="text"/>	E-mail	<input type="text"/>		
		Occupation	<input type="text"/>		

Emergency Contact

Name, Relationship	<input type="text"/>	Phone	<input type="text"/>
Address (if not as above)	<input type="text"/>		

Which Flying Membership Type ? (tick one)

Annual Flying	<input type="checkbox"/>	Flying Start	<input type="checkbox"/>
Temporary Flying	<input type="checkbox"/>		

Reduced Fee Applicable ? (tick one)

Family	<input type="checkbox"/>	Student	<input type="checkbox"/>	Under 18	<input type="checkbox"/>
Country	<input type="checkbox"/>	Under 21	<input type="checkbox"/>		

1. I apply to be admitted to membership of the Derbyshire & Lancashire Gliding Club as a Flying Member of type as indicated above.
2. I agree to be bound by and observe the Rules of the Club and to comply with the Flying Rules in the Club's Pilots Manual and the Laws and Rules for Glider Pilots as published by the British Gliding Association.
3. I understand and agree that as a Flying Member I will be expected to undertake scheduled and other tasks in support of flying operations.

(Delete whichever of the following two declarations does not apply - see Notes for Applicants)

4. I have no medical condition (to my knowledge) that would prevent me holding a driving licence to drive a private car. **OR**
I will seek or have sought confirmation from my GP that my medical condition will not prevent me holding a driving licence for a private car.
5. I understand that before flying solo I will have to supply to the Club a medical self declaration, endorsed by my GP unless exempt by BGA Rules, that I comply with DVLA Group 1 medical standards. [Declaration attached? **YES/NO** - please indicate
6. I have read the [DLGC General Data Protection and Privacy Policy Document](#) and agree to my data being used for the purposes and in the manner described.

Signed _____ Date _____

For applicants under 18 years old

I consent to my son/daughter/ward becoming a member of the Club. I hereby accept on his/her behalf the terms and conditions of membership stated above.

Signed _____ Name _____ Date _____

NOTES FOR APPLICANTS FOR FLYING MEMBERSHIP

To fly as a pupil you must have no medical problem that would prevent you holding a licence to drive a private car. If you have any doubt about that you must provide a statement from your GP to that effect. The club can provide guidance and a form for your GP to complete.

To fly solo you must submit a medical declaration endorsed by your GP that you meet DVLA Group 1 medical standards. The club can provide the necessary form. The medical standards and the form can be seen in Laws and Rules of the BGA.

The Rules of the Club, the Pilots Manual and the Laws and Rules of the BGA can be seen at the club.

I understand that all personal data is retained on a secure computer system, is used for club purposes only. Please review the club's Privacy Policy at <https://glidingclub.org.uk/try-gliding/privacy-policy/>

If completed on a PC screen, please print this form and sign. Please send the completed form (plus any required GP's form) to DLGC, Camphill, Great Hucklow, Buxton, SK17 8RQ. Current membership fees can be obtained from the club office (01298 871270) or be seen at <https://glidingclub.org.uk/about-camphill/club-fees/>

REMEMBER TO ATTACH YOUR PAYMENT WITH THIS APPLICATION

PREVIOUS FLYING EXPERIENCE (If applicable)

Gliding Certificates Held	<input type="text"/>				
Glider Types Flown	<input type="text"/>				
Hours	<input type="text"/>	Launches	<input type="text"/>	Power Hours	<input type="text"/>
Sites Flown	<input type="text"/>				
Last Regular Gliding (Date)	<input type="text"/>	Instructor Rating (Yes/No)	<input type="text"/>		

CAN YOU HELP ?

The club depends to a great extent on skills, expertise and access to discounted services or supplies, provided by its members. If you can and are willing to provide any of these, for the benefit of the club, please enter below details of what you can offer.

Have you a First Aid Certificate ? (Yes/No)

HOW DID YOU HEAR OF US?

Word of Mouth? - from a Member? / Social Media (which platform?) / Television
Radio? (which?) / Trial Lesson Gift? / Evening Group? / Website? / Other? (please specify)

CLUB TO COMPLETE Applications and Fees Received By (Name) _____

Amount Due £ _____ How Amount Determined _____

Pymnt Rcvd? _____ Method of Pymnt _____

GP Statement Rcvd. (if applicable) _____ Solo Medical Declaration Rcvd? _____

On D/Base? (date) _____ Committee OK? (date) _____ D/Base Updated? (date) _____