



# Application for Flying Membership

Surname	<input type="text"/>	Initial/s	<input type="text"/>	Title	<input type="text"/>
Preferred First Name	<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"/>	Email	<input type="text"/>		
Occupation	<input type="text"/>				

- I apply to be admitted to membership of the Derbyshire & Lancashire Gliding Club as a Flying Member as indicated above.
- I agree to be bound by and observe the Club Rules and to comply with the flying rules in the Pilot Training Manual and the Laws and Rules for Glider Pilots as published by the British Gliding Association (**See: "Notes for Applicants" below**).
- I understand and agree that as a Flying Member I will be expected to undertake ROTA'd and other tasks in support of flying operations.
- 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 (**See: "Notes for Applicants for Flying Membership", below**).

**Medical Declarations: (see "Notes for Applicants for Flying Membership" below):**

- (a) To my knowledge, I have no medical condition that might prevent me from holding a driving licence for 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.  
**(Delete whichever of the two declarations does not apply).**

(b) To my knowledge, I have no medical condition that might impact specifically on my flying in a glider and that might put my own or another's safety at risk.

(c) I understand that I have a continuing obligation always to declare, in confidence, to my instructor, any medical condition that might adversely affect the flight.

(d) I understand there are weight limits in order to fly and that it is important to check my weight regularly to be within limits. In the event of changes, I will immediately bring this to the attention of the Club.
- 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]. (**See "Notes for Applicants for Flying membership" below**).

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

### Disabled Pilots and those with CAA specified or other relevant medical conditions:

It is the policy of the BGA to encourage disabled pilots to fly within the limits of their disability and subject only to the limits of public safety. These pilots will require individual consideration. Under Air Navigation Order (ANO) 2016, there is a general requirement for pilots to not suffer from any medical conditions, have had any surgery, or any functional disability that might impair the safe operation of the aircraft.

**If you are in any doubt whatsoever** that you may have a CAA specified or other relevant medical condition, you are obliged to raise this before completing this application and, where appropriate, you may be asked to provide a report from your GP or an Air Medical Examiner. The club can provide guidance and a form for your GP to complete. CAA Specified Medical Conditions can be found by following the links on the CAA website at [www.caa.co.uk](http://www.caa.co.uk)

**To fly as a pupil:** you must not have any medical problem that prevents you from 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.

**To fly solo:** you must submit a medical declaration. The medical standards and the form can be seen in Laws and Rules of the BGA at <https://members.gliding.co.uk/library/bga-requirements-guidance/pilot-medical-requirements/>. The club can provide guidance and a form for your GP to complete.

Your "New Member Welcome letter", will give you details as to how to access the Club website, Pilot Training Manual, the Club Rules and other valuable source materials. You are asked to familiarise yourself with them to assist your training progression.

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/>

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### 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"/>		

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### CAN YOU HELP ?

The club depends to a great extent on the 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 specify details below.

**CLUB TO COMPLETE** Applications and Fees Received By (Name) \_\_\_\_\_

Amount Due £ \_\_\_\_\_ How Amount Determined \_\_\_\_\_

Pay't Rec'd? \_\_\_\_\_ Method of Pay't \_\_\_\_\_

GP Statement rec'd (if applicable) \_\_\_\_\_ Solo Medical Declaration Rec'd? \_\_\_\_\_

On D/Base? (date) \_\_\_\_\_ Committee OK? (date) \_\_\_\_\_ D/Base Updated? (date) \_\_\_\_\_