APPLICATION FOR FULL MEMBERSHIP

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

This form is to be used to apply for full **annual** membership of the club. Otherwise please use a temporary membership application form.

In consideration of your payment of the Membership fee, we are very pleased to welcome you to the Shalbourne Gliding Club.

If you are under 18, please ask your parents or guardian to sign the form before it is returned.

To the Management Committee of **Shalbourne Gliding Club** (the "Club"), Rivar Hill, Shalbourne: I apply for, or to continue membership of the Club to fly in gliders or aircraft as pilot in command or crew under instruction.

Name:	Title Forenames Surname
Address (inc Postcode):	
Occupation (optional):	
Home telephone number:	
Mobile:	
Email:	
Month & year of birth:	Month: Year:

Undertaking A:

In consideration of my being admitted [or continuing] as a full member of the Club, I agree to be bound by and observe:

- the Mandatory Safety Rules and Medical Notes;
- the Rules and Flying, Child Protection, Member Code of Conduct and other Regulations of the Club and the British Gliding Association.
- I also agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests that I may bring to the gliding site.

☐ **I HAVE READ AND UNDERSTOOD THE MANDATORY SAFETY RULES AND MEDICAL NOTES AND I CONFIRM THAT I CONSENT TO TAKE PART IN CLUB FLYING. (Please tick)**

Note: The Mandatory Safety Rules and Medical Notes are provided on a separate sheet for you to keep for your information. You should have been supplied with the sheet when you were given this form. If you have not been given the sheet, please request it now.

I am over 18 years of age (delete if under 18*)
Signature of applicant Date

* The following section must be completed if the Applicant is under 18 years of age.

Undertaking B:

I declare that I have read and understand Undertaking A above and that I am the Parent or Legal Guardian of the Applicant giving the undertaking, who is a Minor. I agree both on my behalf and on behalf of the Applicant to accept and be bound by Undertaking A. I am over 18 years of age.

By returning this completed form, I agree to my son / daughter / child in my care* taking part in the activities of the club. (* Please delete as necessary)

Signature of Parent / Guardian	Date

Name of Parent/Guardian:	Title Forenames Surname
Address (inc Postcode):	

Data Protection – permission to add you to our mailing list

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement [https://shalbournegliding.co.uk/privacy-policy/#:~:text=PRIVACY%20POLICY,soon%20as%20possible].

We would like to send you additional information that is relevant to you.

By ticking the box you consent to receive our newsletter and other email communications from us about our upcoming events, offers and ways for you to get involved with the sport, including goods and services, information and news about gliding.

☐ [*You may opt out of receiving these communications at any time by contacting us at membership@shalbourne-gliding.co.uk*.]

Signature	Date

Signature of Parent / Guardian	Date

Medical Declaration

When flying under instruction, you will be doing so with a suitably qualified pilot. There are specific medical requirements that individuals need to satisfy before they fly solo. This does not apply to pilots under instruction.

Please read the medical notes that have been supplied on the back of the Mandatory Safety Notes.

I declare that I will bring to the attention of my instructor, in confidence, any medical condition which could cause an adverse effect during flight.

I am aware that it is my personal responsibility to ensure that if there is doubt about my fitness to fly, I will not fly and will seek advice from my GP.

I understand that that there is a medical requirement for solo flight that I must comply with as set out in BGA Laws and Rules medical standards.

Signature	Date

Emergency Information

Member's name

Please note: Access to your emergency information will be strictly limited. The information you share here will be filed securely and placed in the Club's emergency response file where it will only be accessed if required. It will not be shared or used for any other purpose.

In the event of an emergency, we will share your information with appropriate agencies if it is in your vital interest to do so.

Medical information

Please detail below any important information on medical conditions or disabilities that the club should be aware of in the event of an emergency (e.g. epilepsy, asthma, diabetes, medication or treatments etc.) Please also indicate if there is any special provision or equipment that could be helpful to you in the case of any disability.

GP Details (optional)

Doctor:

Surgery:

Telephone:

Emergency Contact Details (For junior members, to be completed by parent or carer)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident. Please asterisk your next of kin.

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

Name	Relationship	Telephone