

LINCOLNSHIRE GLIDING CLUB Ltd

TEMPORARY AND RECIPROCAL MEMBERSHIP APPLICATION FORM



I the undersigned wish to apply for temporary/reciprocal membership of the Lincolnshire Gliding Club and to fly at the club site.

MEDICAL STANDARDS

I declare that I have never suffered from any of the following which I understand could create or lead to a dangerous situation in flight:-

blackouts from any cause, epilepsy, severe head injury, recurrent fainting or giddiness, unusually high blood pressure, coronary heart disease, insulin dependent diabetes or breathlessness whilst at rest.

Should I wish to fly solo or with another qualified pilot from the club site I confirm that I hold a current Group 1 medical certificate signed by my doctor*

Should I wish to fly with passengers or pupils from the club site I confirm that I hold a current Group 2 medical certificate signed by my doctor*

*in accordance with the UK National requirements.

FULL NAME.....DATE OF BIRTH.....

ADDRESS.....

.....TEL NO.....

E-MAIL.....

NAME OF HOME CLUB.....

NEXT OF KIN.....RELATIONSHIP.....

TEL NO.....

FLYING QUALIFICATIONS (TICK) PRE-SOLO... SOLO... BRONZE...

SILVER... GOLD... ASST CAT... FULL CAT... PPL...

SIGNED*

DATED.....

*if under 18 to be countersigned by parent/guardian

SIGNED.....

DATED.....

Parent or Guardian

FOR LGC Ltd.....

DATED.....

DATA PROTECTION

Please tick as relevant. I consent to:

- the information on this form being used during computer processing by the club/British Gliding Association
- my photo being used on the LGC website
- my name being used on the LGC website
- a personal message being used on the LGC website.....