

**DEESIDE GLIDING CLUB**

Aboyne Airfield, Dinnet, Aboyne AB34 5LB Tel 013398 85339

**MEMBERSHIP APPLICATION FORM**

Full Name..... D.O.B.....  
Address.....  
Post Code..... Home tel. No.....  
Work/Mobile..... Email Address.....  
Next of kin.....  
N.o.k. Address.....  
N.o.k Tel. No..... Relationship.....

**Previous flying experience:**

...None ...Bronze ...Silver ...Gold ...Diamond ...Hours  
...SLMG PPL ...NPPL ...PPL ...Tug Pilot ...Hours  
Instructor Ratings ...Current ...Lapsed ...BI .....Asst ...Full ...CFI Endorsement

**Note** that in addition the Club's membership fee, affiliation fees to the British Gliding Association and Scottish Gliding Association will be due, and will be deducted from your account in November. The current level of these fees is shown on the price list and web-site.

**Medical Declaration:**

I declare that to the best of my knowledge I have never suffered from any of the following conditions contracting or suspecting any of the above conditions or any other physical or mental condition which might result in being a danger and which may cause or lead to a dangerous situation in flight. Epileptic fits, severe head injury, recurrent fainting, giddiness or blackouts, unusually high blood pressure or coronary disease.

**I am aware that it is my personal responsibility to ensure that if there is doubt about my fitness to fly, I will cease to fly until I have obtained a medical opinion and authority to resume flying. 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.**

Prior to flying solo or instructing I will obtain the appropriate standard of medical certificate and provide a copy for club retention.

**Notes:** The following conditions may cause difficulty whilst flying. Chronic Bronchitis, severe asthma, rheumatic fever , chronic sinus or ear disease, diabetes, kidney stones, severe travel or motion sickness, migraine or any psychiatric condition. If you have ever suffered from any of these conditions you are advised to seek medical opinion before flying. The following will probably make you temporarily unfit to fly: head colds, medication and the donation of blood. If you normally wear spectacles, you must always carry a readily accessible pair whilst flying.

I apply to be admitted as a member of Deeside Gliding Club. I affirm that I have read and understand the medical declaration and I agree to be bound by the rules, constitution and gliding regulations of the club and the British Gliding Association. I also agree to follow any instructions that I may be given and to take responsibility for any guests that I may bring to the Club.

I certify that I have read and understand the Operations Handbook. I understand that my information will be used by the club for club purposes and to ensure that I am kept informed about club news and events, and that on occasion it is necessary for the club to share information about its members with the British Gliding Association.

**Signed**..... **Date**.....

Declaration of Parent or Guardian if applicant is under 18 years of age.

I declare that I have read and understood the above and that I am the parent or legal guardian of the applicant giving the above undertaking. I agree both on my behalf and on behalf of the applicant to accept and be bound by the above undertaking. I agree to the applicant taking part in the activities of the club.

**Signed** ..... **Date** .....

**Witnessed by: Name** ..... **Date** .....