

Membership Renewal

Dear

Your current membership of Deeside Gliding Club (Membership no.) expires on the last day of February. **Please complete the form and return it to the club.**

I wish to renew my membership for another year and understand I must pay my renewal fee ----- of £..... formembership before the expiry date above to remain a member.

Or

Please debit my account for the cost of membership, and I will ensure there are ----- sufficient funds in my account by the above renewal date to cover the amount.

Or

----- I do not wish to rejoin. Please advise me if my account is in credit or debit.

Affiliation fees: I also understand that I will be required to pay an affiliation fee to the BGA and SGA which will be debited from my account in November. The current level of these fees is shown on the price list and the web-site.

Or

I am also a full flying member ofGliding Club and confirm that they will pay my affiliation fees.

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 affirm I have read and understand the medical declaration and agree to be bound by the rules, constitution and gliding regulations of the club and the British Gliding Association. 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.

I understand that if I have not paid my membership fee by the due date, I will not hold membership of Deeside Gliding Club and must not fly until my membership has been renewed and paid in full.

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

Full Name.....

Address.....

Home Tel No.....Work/Mobile no.....Email.....

Next of kin.....Address.....

N.o.k. Tel No.....Relationship.....