

MEMBERSHIP FORM



PERSONAL INFORMATION

Full Name :

Date of Birth :

Full Address :

City/Country :

Postcode :

Email :

Phone :

TYPE OF MEMBERSHIP

*Choose your type of membership

PPL(A) Social Silver - Student Silver Gold
Package

NEXT OF KIN INFORMATION

Full Name :

Relationship :

Email :

Phone :

MEMBERSHIP FORM



I AM A:

Licence Holder Student

MEMBERSHIP DECLARATION:

By submitting this form I declare that, once admitted as a member of the club/school, I will at all times abide by the club rules, aerodrome and flying regulations detailed in the aerodrome manual, the Air Navigation Order and the Flying Order Book, and also with any other rules, regulations, orders or by-laws which the school/club may promulgate from time to time. Please note your personal life insurance may not cover you for light aircraft flying.

I understand that memberships are valid for an initial 12 month period and can be cancelled with 3 months notice thereafter.

I have read, fully understand and agree with the above statement

NOTES / ADDITIONAL INFORMATION

