

## MEMBERSHIP APPLICATION FORM. PORTSMOUTH NAVAL GLIDING CENTRE

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

APPLICANT DETAILS					
Title:		Full Name:		Month & year of Birth: MM/YYYY	/
Email address					
Full Postal address inc Post Code					
Telephone:					
Emergency contact or Name of Next of Kin / Guardian:					
Postal Address (If not as above):					
Relationship:				Telephone:	

Select your MEMBERSHIP CLASS (Tick a box)				IF IN DOUBT PLEASE ASK	
For 'Non-flying' classes choose on the right, otherwise go below. The computer will show the membership fee when you are joined up				FAMILY MEMBER	
				SOCIAL MEMBER	
				Or Say Other:	
Service / Ex / Mod / ATC Applicants Only				CIVILIAN Applicants Only	
FULL MEMBER:				SPECIAL MEMBER (See below**):	
ORDINARY MEMBER (Civilian)				JUNIOR SPECIAL MEMBER (See below **):	
RECIP. Say Home Club:				COURSE MEMBER:	
RAF ATC Cadets / CCF:				BGA DAY MEMBER:	
Rank:				Or Say Other:	
Service No:				<b>Occupation &amp; Skills available to support the club:</b>	
Sports Lottery Member?      Yes:      No:					

### 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:

- 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.**  
(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.

Signature of Applicant:		Date:	/ /
I am over 18 years of age (delete if under 18*)			

**\*\* These Applicants are required to be sponsored by a committee member.**

**Please ask a Committee Member to sponsor you.**

**Name of sponsor:** \_\_\_\_\_

The following section must be completed if the Applicant is under 18 years of age. (Otherwise continue with Data Protection & Medical Declarations below:)			
Details of Parent / Guardian:			
Title:		Full Name:	
Address (inc Postcode)			
Telephone:			
<b>Undertaking B:</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:	/ /

## Other information

### **Data Protection Declaration:**

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement in the welcome pack.

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

By signing this form, 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 the

Club membership Secretary [memsec@pngc.co.uk](mailto:memsec@pngc.co.uk)

### **Child Protection Policy Declaration:**

I agree / do not agree that my *child's* photographs can be taken for the sole use of gliding publications and will not be shared elsewhere without my prior consent.

### **Medical Information (optional)**

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.

**Medical Conditions you would  
like to share with PNGC /  
Instructors.**

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