

# Lanarkshire and Lothian Soaring Club

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## ANNUAL MEMBERSHIP APPLICATION / RENEWAL FORM: 2010

- A MEMBER           **£35** (INCL. SHPF MEMBERSHIP) [**£32 IF PAID BEFORE A.G.M.**]  
B NEW MEMBER   **£35** (INCL. SHPF MEMBERSHIP) [**£32 IF PAID BEFORE A.G.M.**]  
                          **(£18 REDUCED RATE IF JOINING AFTER 1st JULY)**  
C NEW CP           **£18** REDUCED FOR NEW CP (INCL. SHPF MEMBERSHIP) PROVIDE CP DETAILS WITH YOUR FORM)

1. Choose payment option (A, B or C)
2. Make payment by cheque or online transfer
3. Complete the application form and send via email to: [membership@lslclub.org.uk](mailto:membership@lslclub.org.uk)

ALTERNATIVELY YOU CAN SEND YOUR FORM (AND CHEQUE) TO:  
Tina Wood, 83 Marshall Way, Tullibody, FK10 2GA  
(Tel: 07739 774 840)

### PAYMENT METHODS

**Online Transfer:** A/C Lanarkshire & Lothian Soaring Club, Sort Code 80-07-67, A/C No. 00985725  
Please include your full name as reference and still send application form by email or post.

**Cheque:** Make your cheque payable to **Lanarkshire & Lothian Soaring Club** and send by post with your application form.

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### DECLARATION

1. I DESIRE TO BE ELECTED AS A FLYING MEMBER OF THE LANARKSHIRE AND LOTHIAN SOARING CLUB.
2. I AM OVER 16 YEARS OF AGE AND, IF UNDER 18, HAVE OBTAINED WRITTEN CONSENT FROM PARENT / GUARDIAN (SIGNATURE BELOW)
3. IF ACCEPTED, I AGREE TO BE BOUND BY AND OBSERVE THE CONSTITUTION AND RULES OF THE CLUB AND TO SIGN/COMPLY WITH THE 'CAMPSIE / FAIRLIE AIRSPACE AGREEMENT' BEFORE USING THAT SITE/AIRSPACE (COPY AVAILABLE VIA COMMITTEE MEMBERS)
4. I DECLARE THAT I AM A MEMBER OF THE BRITISH HANG GLIDING AND PARAGLIDING ASSOCIATION, AND AM THEREBY INSURED FOR THIRD PARTY RISK.
5. I UNDERTAKE NOT TO FLY WHILST AFFECTED BY ANY TEMPORARY/PERMANENT DISABILITY OR ILLNESS WHICH IS LIKELY TO CAUSE DANGER TO MYSELF OR OTHERS.
6. I AGREE / DISAGREE TO MY DETAILS BEING HELD ON COMPUTER OR REPRODUCED ON THE CLUB WEBSITE AND CONTACT LIST.

APPLICANTS USUAL SIGNATURE ..... DATE .....

NAME IN FULL (BLOCK CAPS) .....

ADDRESS .....

TELEPHONE: (HOME)..... (WORK) .....

(MOBILE) ..... (E-MAIL) .....

BHPA No. .... PG/HG?..... PILOT/COACH QUALIFICATIONS .....

### THE FOLLOWING PERSON IS TO BE CONTACTED IN THE EVENT OF A SERIOUS ACCIDENT

NAME (BLOCK CAPS) ..... RELATIONSHIP .....

ADDRESS .....

TELEPHONE (HOME) ..... (WORK) ..... (MOBILE) .....

### SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18

NAME (BLOCK CAPS)..... SIGNATURE..... DATE.....

ADDRESS.....

### HOW DO YOU WISH TO RECEIVE THE NEWSLETTER AND OTHER FEATURES?

eMail     Website (with e-mail notification)     Post

**PLEASE ENCLOSE A PHOTO IF POSSIBLE (FOR PLANNED FEATURES IN CLUB WEBSITE AND NEWSLETTER)**