

LANARKSHIRE AND LOTHIAN SOARING CLUB



SPONSORED BY



APPLICATION / RENEWAL FOR ANNUAL MEMBERSHIP 2008

(1) CHOOSE CORRECT PAYMENT (option A, B or C)

(2) COMPLETE FORM AND SEND TO –

TINA WOOD, 83 MARSHALL WAY, TULLIBODY, FK10 2GA (TEL: 07739 774840 or membership@llsclub.org.uk)

(3) SEND PAYMENT

POST CHEQUE PAYABLE TO LANARKSHIRE AND LOTHIAN SOARING CLUB TO ABOVE ADDRESS WITH APPLICATION FORM OR TRANSFER PAYMENT TO SORT CODE 80-07-67, ACCOUNT NO 00985725 ACCOUNT LANARKSHIRE & LOTHIAN SOARING CLUB. PLEASE USE YOUR **FULL NAME AS REFERENCE** AND STILL SEND APPLICATION FORM TO TINA WOOD BY POST OR EMAIL

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|---|-------------------------|---|
| A | * MEMBER | * I ENCLOSE £35 (INCL. S.H.P.F. MEMBERSHIP) ** SPECIAL OFFER £32 *(IF PAID BEFORE A.G.M.) |
| B | * NEW MEMBERS | IF JOINING AFTER 1st JULY – LOWER RATE OF £18 |
| C | * SCHOOL LEAVERS | FREE MEMBERSHIP FOR NEWLY QUALIFIED CLUB PILOTS FOR 1 YEAR |
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- 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, OR IF UNDER 18, I 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 NO (HOME)..... (WORK)..... (MOBILE).....

(E-MAIL).....

B.H.P.A. 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 NO (HOME)..... (WORK)..... (MOBILE).....

SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18

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

ADDRESS.....

PLEASE TICK HERE HOW 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)