

ALOUETTE FLYING CLUB

PASSENGER MEMBERSHIP APPLICATION

ABOUT YOU?

The Passenger

Name:	Date of Birth:
Address:	
Postcode:	
Phone No:	(PLEASE PRINT)

Your Next of Kin

Name:	Relationship:
Address:	
Postcode:	
Phone No:	(PLEASE PRINT)

YOUR PILOT?

Name:	Memb No:	(PLEASE PRINT)
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DECLARATION

- I UNDERTAKE TO OBEY ALL LAWFUL INSTRUCTIONS GIVEN BY THE PILOT
- I DECLARE I DO NOT SUFFER FROM ANY ILLNESS OR CONDITION WHICH PREVENTS ME FROM FLYING
(Inform your pilot if in doubt)
- I AM 18 YEARS OR OLDER *(See below if under 18)*

Please Sign:	Date:
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UNDER 18?

Parent or Guardian's Agreement

Name:	Relationship:
Address:	
Phone No:	Signature:

Membership Fee: £5.00 per person
VALID FOR ONE DAY OR ONE RETURN TRIP
PLEASE PLACE THIS FORM IN THE BOX PROVIDED