



Alouette Flying Club

Application for Full Flying Membership

(BLOCK CAPITALS please)



I _____
of (address) _____

Post code _____

Tel (home) _____ Work _____

Mobile _____

email address _____

hereby apply to be admitted to Alouette Flying Club as a

FULL FLYING MEMBER

I am over/under 18. Occupation _____

I hold/have held the following

PPL	CPL	ATPL
IMC	Night Rating	
IR	None	

Licence/ratings/medical certificate, if applicable, must be examined by the CFI before Full Flying Membership is granted

I have been a member of the following flying clubs:

Hours logged

Next of kin (name, RELATIONSHIP and address) _____

_____ Tel. _____

I DECLARE that as a Full Flying Member I will at all times abide by the club rules (a copy of which I undertake to read); aerodrome regulations; the Air Navigation Order and associated regulations; Rules of the Air; Air Traffic Control Regulations; any other relevant laws and bye-laws; and any other rules, regulations or orders which may be promulgated by the club's management committee.

I AGREE that I shall not fly or seek to fly a club aircraft or act as a member of the crew of such aircraft unless:
A medical certificate has been issued certifying I am fit to exercise the privileges of my licence; and
My licence is accompanied by a valid certificate of experience/ appropriate flight tests where applicable.

I AGREE that I shall not fly or seek to fly a club aircraft or act as a crew member if my physical condition renders me temporarily or permanently unfit to exercise the privileges of my licence.

I UNDERSTAND that Alouette Flying Club Ltd is a company limited by guarantee and not having a share capital and I REQUEST that my name be entered in the Register of members. I UNDERTAKE, in the event of the company being wound up while I am a member, or within a year of my ceasing to be a member, to pay towards debts and liabilities of Alouette Flying Club Limited any required amount not exceeding £1 (one pound, sterling).

MEMBERSHIP FEE PAID: £

Signed (applicant) _____ In the presence of (club official) _____

Date _____ (Membership number _____)

Applicant proposed by _____ (Member No _____) Secoded by _____ (Member No _____)

TO BE COMPLETED BY THE PARENT OR GUARDIAN OF APPLICANTS UNDER 18

I (full name in BLOCK CAPITALS) _____ of (address) _____

declare that I am the parent/guardian of the applicant and that the application, on the conditions stated, is made with my consent.

Signed _____ Date _____

In the presence of (signature of club official) _____ Membership number _____