

# **BLACK MOUNTAINS GLIDING CLUB**

## ASSOCIATE MEMBERSHIP FORM

Membership year starting 1<sup>st</sup> March

**PLEASE COMPLETE FORM USING BLOCK CAPITALS**

**ACCOUNT CODE** *if known*

### **Your Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel No(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Member's name: \_\_\_\_\_

### **Emergency Contact (other than full member)**

Name: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not suffer from any medical condition that might cause difficulty whilst flying.

I apply to join/renew my membership and I will comply with the Child Protection Policy as displayed in the clubhouse.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Please return with the full member's form to  
the Membership Secretary, Black Mountains Gliding Club, The Airfield, Talgarth, Brecon. LD3 0EJ***