



Cotswold Gliding Club

Aston Down Airfield, Minchinhampton, Stroud GL6 8HR
Tel. 01285 760415 www.cotswoldgliding.co.uk

Application for Reciprocal Day Membership

Please read carefully and complete.

Full Name

Address

Post Code Date of birth

Telephone Date.....

Home Club..... Email address.....

I hereby apply for three month's membership of the Cotswold Gliding Club.

BGA Medical requirements for solo flying:

I confirm that I have current (tick as applicable)

- Declaration of Fitness to Fly endorsed by my GP to DVLA Group 1
- Declaration of Fitness to Fly endorsed by my GP to DVLA Group 2
- JAR Class 2 medical certificate

Are you over 70 years old ? Yes No

If yes, our insurers must be notified before you can fly solo in club aircraft. Please contact the office to arrange this. Pilots over 80 years are not permitted to fly solo in club aircraft.

I confirm the information provided is true and complete.

Signature of applicant.....

Applicants under the age of 18 require endorsement by parent or guardian

I hereby certify that to the best of my knowledge the information provided above is true and complete and I consent to the application being made

Signature of parent/guardian..... Date

Address if different from applicants

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