



**Cotswold
Gliding
Club**

Aston Down Airfield
Cowcombe Lane
Chalford, Stroud
Gloucestershire
GL6 8HR

Tel: 01285 702 100
Email: office@cotswoldgliding.co.uk
www.cotswoldgliding.co.uk

APPLICATION FOR FLYING MEMBERSHIP

Please read and complete both sides of this form.

A/C No:

Title : Date :

Forenames : Date of Birth :

Surname : Sex :

Address : Occupation :

..... Nationality :

..... EMERGENCY CONTACT:

..... Emergency First Name:.....

Town : Emergency Last Name:.....

County : Emergency Relationship.....

Post Code : Emergency Tel:.....

Home Tel : Address if different from yours:.....

Work Tel : Address:.....

Mobile :

Email : Post Code:.....

GLIDER kept on site: YES / NO

GLIDER kept: TRAILER / HANGER

GLIDER Details:

CATEGORY OF MEMBERSHIP (please circle)

ADULT 26 AND OVER ADULT 18 to 25 FAMILY COUNTRY ASSOCIATE

FIXED PRICE TO SOLO UWE STUDENT 18 to 25 in full time education JUNIOR under 18

CADET ASSOCIATE Social ASSOCIATE Partner/Parent ASSOCIATE Paramotor

FEE:..... See latest price list

Prospective and existing club members on low or modest income who find the club's standard tariff to be challenging may apply for preferential rates under the Club's "affordable gliding" scheme. The Club Committee will consider each case in strict confidence under the Community Amateur Sports Club (CASC) guidance.

P.T.O. to sign

PREVIOUS FLYING EXPERIENCE

	GLIDING TOTAL	GLIDING P1	GLIDING P2	POWER TOTAL	POWER P1
FLIGHTS					
HOURS					

Certificates and Licenses Held:

.....

Membership of other clubs:.....

Medical: Please present your Medical Certificate to the club office (or Driving License for non-instructor pilots) before flying Solo.
Under 25's can self declare using a form available from the club office.

Please read our Child Protection Policy, available on our website.

Data Protection – Permission to add you to our mailing list

Your privacy is important to us, for more details about how we use your personal data, please read our Privacy Statement on our website.

We would like to send you additional information that is relevant to you. By ticking the boxes you consent to receive our newsletter and other email communications from us about upcoming events, offers and ways for you to get involved with the sport.

By POST ()

EMAIL ()

TELEPHONE ()

TEXT MESSAGE ()

You may opt out of receiving these communications at any time by contacting the club office or using the opt-out facility on each email.

UNDERTAKING

In consideration of my being admitted (or continuing) as a full member of the Club, I agree to be bound by and observe: the Mandatory Safety Rules and Medical Notes annexed; the Club's Articles of Association, Operation Manuals, Child Protection Policy and any other rules and regulations of the Club and the BGA. I also agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests that I may bring to the gliding site.

A condition of Full, FPTS, Junior, Family and Student membership is participation in an Operation Team to help with the airfield operation at least once every 6 weeks. More details are available from the club office or website.

I hereby apply for membership of the Cotswold Gliding Club and confirm the information provided above is true and complete

Signature of Applicant:..... Date:.....

Aston Down Farms Limited.

It is a requirement that all Full Flying Members of the club be members of Aston Down Farms Ltd, the company that owns the land of the airfield. Please therefore read the guarantee set out below and sign at the foot.

I apply to become a member of Aston Down Farms Ltd and undertake, while I am a member of the company, or within a year after ceasing to be a member, to contribute to its assets in the event of its being wound up such amounts, not exceeding £5 in total, as may be required for payment of its debts and liabilities contracted before the date on which I ceased to be a member, for other costs charges and expenses of winding up and for adjustment of the rights of the contributors among themselves.

Signature of Applicant:..... Date:.....

Applicants under the age of 18 years – endorsement by parent or legal 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:.....

Relationship to applicant:.....

Address if different from applicant's.....

.....Phone No:.....May2025