



# Cornwall Flying Club

## Application for Membership / Renewal

I, the undersigned, apply for admission as a member of the Cornwall Flying Club Ltd. I hereby agree that in consideration of my being admitted as a member of the flying club (which, where context permits shall mean all aircraft from time to time owned or operated by the club for any purpose), whether as pilot, passenger or otherwise, I shall comply with the Aerodrome Manual, Air Navigation Order, the Flying Order Book and all other relevant publications. I will abide by the rules of the club and act upon any instructions given to me by any duly appointed official of the club. The expression 'club' shall mean the Cornwall Flying Club Ltd. the Proprietor.

Nevertheless, it is hereby provided that nothing herein contained shall prevent me or the club from claiming indemnity from the insurers for loss or damage of property, or loss of life or injury to persons in all cases where such a claim fall within the scope of any effective insurance policy maintained in respect of any club aircraft or property.

I also undertake that in seeking to hire any club owned or operated aircraft I shall:

- a) be in a physical condition that does not render me temporarily or permanently unfit to perform functions to which my licence relates;
- b) be in possession of a medical certificate issued by an AMO and ensure that my Certificate of Test, Check or Experience is valid; and
- c) not act or seek to act in any capacity outside of my licence privileges.

Membership Category Required: Full Flying  Social

### The Applicant:

Name (in Full): \_\_\_\_\_

Date of Birth: DD / Month / YYYY

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

Postcode: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

e-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Signed: \_\_\_\_\_ Date: DD / Month / YYYY

### Next of Kin:

Name (in Full): \_\_\_\_\_

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

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

Postcode: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Please ensure that all applicable details are entered on **BOTH** pages of this form.  
Incomplete or missing information may cause delay in processing your application.

Return your completed application to: Cornwall Flying Club, Bodmin Airfield, Bodmin PL30 4BU

# Application for Membership or Renewal of Membership

## Licences/Ratings Held [4]

Rating	Current	Lapsed	N/A	Renewal Due	Licence N <sup>o</sup>
PPL (CAA/JAR)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	_____
PPL (FAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	_____
PPL (H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	_____
IMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>DD / MM / YY</u>	
<b>Total Hours</b>	P1: _____ U/T: _____			* Delete where N/A	

**Consent Given By (Parent or Legal Guardian):**  
(required only for applicants under the age of 18)

Name (in Full): Mr/Mrs/Ms \_\_\_\_\_

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

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

Postcode: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Signed: _____	Date: <u>DD / Month / YYYY</u>
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**Witnessed By:**  
(all applicants except renewals)

Name (in Full): Mr/Mrs/Ms \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Signed: _____	Date: <u>DD / Month / YYYY</u>
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*Office Use Only*

**Accepted on behalf of the Cornwall Flying Club By:**

Signed: _____	Date: <u>DD / Month / YYYY</u>
Name (Print): _____	Position: _____
Membership Number: <u>(Applicant)</u>	