Devon & Somerset Flight Training

Application or Renewal Form for Membership of Devon & Somerset Flight Training

Please Complete in Block Capitals

1. SURNAME: _____ FORENAME(S): _____

FULL POSTAL ADDRESS: _____

_____ POSTCODE: _____

DATE OF BIRTH: _____ OCCUPATION: _____

TELEPHONE NUMBERS: HOME _____

WORK _____

MOBILE _____

E-MAIL ADDRESS: _____

2. DETAILS OF NEXT OF KIN

SURNAME: _____ FORENAME(S): _____

RELATIONSHIP: _____

FULL POSTAL ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NUMBER: _____

I HEREBY APPLY FOR MEMBERSHIP OF DEVON & SOMERSET FLIGHT TRAINING LIMITED IN THE FOLLOWING CATEGORY:

A. ANNUAL FLYING MEMBERSHIP (£125.00) ☐
B. MONTHLY FLYING MEMBERSHIP (£15.00) ☐
C. PASSENGER DAILY MEMBERSHIP ☐
D. OWN AIRCRAFT (£125.00) ☐

LICENCE NUMBER: ☐☐☐☐☐☐☐☐☐☐
ISSUE DATE: _____
SEP EXPIRY DATE: _____

MEDICAL
ISSUE DATE: _____
EXPIRY DATE: _____

'IN CONSIDERATION BEING ADMITTED TO MEMBERSHIP OF THE SCHOOL, I AGREE THAT I AND ANY PERSONS FOR WHOM I AM RESPONSIBLE WILL AT ALL TIMES ABIDE BY AND COMPLY WITH ALL STATUTORY REGULATIONS ISSUED BY ANY COMPETANT AUTHORITY AND WITH THE RULES OF THE SCHOOL, AERODROME REGULATIONS, FLYING REGULATIONS, AND THE FLYING ORDER BOOK AND WITH ANY OTHER RULES, REGULATIONS, ORDERS OR BY-LAWS WHICH THE SCHOOL MAY PROMULGATE FROM TIME TO TIME AND WITH ALL LAWFUL INSTRUCTIONS GIVEN BY INSTRUCTORS OR OTHER OFFICERS OF THE SCHOOL ACTING ON THEIR BEHALF.'

DATE: _____ SIGNED: _____

IN THE PRESENCE OF (SIGNATURE OF WITNESS): _____

TO BE COMPLETED BY THE PARENT OR GUADRIAN OF AN APPLICANT WHO IS UNDER THE AGE OF 18YRS:

'I _____ HEREBY DECLARE THAT I AM THE PARENT/GUARDIAN OF THE APPLICANT AND I FURTHER DECLARE THAT THE APPLICATION IS MADE WITH MY FULL CONSENT'

DATE: _____ SIGNED: _____

IN THE PRESENCE OF (SIGNATURE OF WITNESS): _____

FOR OFFICE USE ONLY

DATE:
AMMOUNT PAID:
INVOICE NO:
CARD ISSUED: YES/NO
ON QDIEM: YES/NO
ON MAILING LIST: YES/NO