

## Membership Application



Title:
Name:

Address:
----------

Home Tel:	Work:
Mobile:	Fax:

Email:
--------

License Type & Expiry:	/ /20
Medical Type & Expiry:	/ /20

Rating [tick]	Expiry
SEP Rating	
MEP Rating	
IMC/IR	
Aerobatic	
Night	
Other ratings:	

Next of Kin:	
Address:	
Telephone:	Mobile:

### DISCLAIMER

I agree to operate any aircraft owned or operated by The Flying Club Kemble in accordance with The Flying Club Kemble Flying Order Book, the Kemble Airfield Manual and the Air Navigation Order as published today. I am aware that these documents are available for my reference at Kemble Airfield prior to my flight. I agree that neither I, nor my heirs, Executors or Administrators will make any claim against The Flying Club Kemble or Proprietors of aircraft operated by The Flying Club Kemble and there Servants or Agents in respect of any loss of or damage to property or personal injury, including injury resulting in death which I or any third party may suffer while I am operating or in proximity of aircraft which I have hired from The Flying Club Kemble.

Signature

.....

Date: / /20