



## BHPA MEMBERSHIP APPLICATION FORM

PLEASE WRITE CLEARLY USING BLOCK CAPITALS

Mr/Ms/Title: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First names: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

(N.B. It is vital that you include your postcode for the magazine mailing)

Telephone No: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of BHPA school/club: \_\_\_\_\_ School/Club Ref: \_\_\_\_\_

**Microlight Pilot (2 seater)**  Copy of NPPL/PPL required. **SSDR pilot** (see notes on website)  **Visiting Pilot**

**Alternative Entry Pilot** (see notes on website) HPA  HG  PG  Hill  Tow  Power  Speed Flying

Please tick  membership type required:

**Trial Member** (3 months) £53.00

**Annual Memberships** (12 months)

- Flying Member £99.00

- Family Group Member £88.00  (Quote Memb. no. of full member \_\_\_\_\_)

- 21 and Under / Over 60 £79.00  (Must give date of birth above)

Non-Flying Member £39.00

Magazine subscription £39.00

**Two Year Membership** (Open to new members only) £167.00

I enclose a cheque/PO (payable to the BHPA) or for credit/debit card payments please complete details below.

£ \_\_\_\_\_ Membership subscription as ticked above.

£22.00 \_\_\_\_\_ Joining Fee (applies to all categories of membership excluding Magazine subscription)

£ \_\_\_\_\_ Overseas Mailing surcharge (Please check the BHPA website or call the office)

£ \_\_\_\_\_ TOTAL ENCLOSED

I hereby apply for the BHPA Membership ticked above. I understand that before I fly I must be physically and mentally fit to do so. Before undergoing any training I undertake to inform my instructor if I suffer from any mental or physical defect, infirmity, previous injury, disease or condition which could increase the risk of an accident or the severity of an injury. I understand that falsification of age will invalidate my insurance. I understand that this is a potentially hazardous sport which carries a risk of personal injury. I understand that membership benefits will be those ruling at the time of my acceptance. I fully understand and accept the additional risks if I fly an uncertified wing with no acceptable independent verification of airworthiness (see BHPA Certification Factsheet). I agree to abide by the BHPA rules, regulations and operating procedures.

Signed \_\_\_\_\_ Date \_\_\_\_\_

We occasionally make names and addresses available to third parties for marketing of products or services which we believe will be of interest to our members. Tick here if you wish to be included in such initiatives:

Card Payment Details

Card Type:  Visa  Mastercard  Maestro  Solo  JCB

Other ( No Amex) \_\_\_\_\_

Card Number:  -  -  -  -

Issue Number:  Security Number (last 3 digits above signature strip):

Valid From:  /  Expiry Date:  /

Confirmation of card transaction will be sent via email. Please give email address: \_\_\_\_\_

FOR OFFICE USE ONLY: Rec'd:	Ch/PO:	Mem. No:	E nt'd:	Card:	(BHPA-11/2017)
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