

Cloudbase Aviation Flying School

Application for One Day Membership

Please Complete in Block Capitals:

Full Name:

Address:

.....

Post Code:

Telephone Home:

Business:

Mobile:

Date of Birth:

Occupation:

I hereby apply for temporary membership of Cloudbase Aviation Flying School.

I understand that flying can be dangerous and I understand and accept the risks involved.

I agree and abide by Club Rules and any instructions given to me by any Club Official or Instructor and I acknowledge that I will fly in Club Aircraft entirely at my own discretion and knowing the risk I take.

Signed:.....

Date:.....

In the presence of: Flying Instructor.

To be completed by a Parent or Guardian if applicant is under
age 18.

Please Complete in Block Capitals:

I (*full name*):.....

Of (*full address*):.....

Postcode:

Hereby declare that I am the Parent/ Guardian of the above applicant and that the application is made with my full consent.

Signed:.....

Date:.....

In the presence of: Flying Instructor.