



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: _____

Please tick membership type required:

Training Member (3 months) £45.00

Annual Membership (12 months)

- **Flying Member** £89.00

- **Upgrade to Flying Member** £61.00 (Quote existing Memb. no. _____)

- **Family Group Member** £80.00 (Quote Memb. no. of full member _____)

- **Under 16 Member** £51.00 (Must give date of birth above)

- **21 and Under** £69.00 (Must give date of birth above)

- **Over 60** £69.00 (Must give date of birth above)

Non-Flying Member £52.00

Magazine subscription £39.00

I enclose a cheque/PO (payable to the BHPA) to cover:

£ _____ Membership subscription as ticked above.

£15.00 Insurance Joining Fee (this applies to all categories of flying membership)

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

£ _____ TOTAL ENCLOSED

For credit/debit card payments please complete details below.

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 or educational status 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.

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 excluded from such initiatives:

Card Payment Details

Card Type: Visa Mastercard Maestro Solo JCB Other _____

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: _____