



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: _____ E-mail address: _____

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) £69.00

Annual Memberships (12 months)

- Flying Member £129.00

- Family Group Member (at the same address) £114.00 (Quote Memb. no. of full member _____)

- 21 and Under / Over 67 £109.00 (Must give date of birth above)

Non-Flying Member £47.00

Magazine subscription £47.00

Two Year Membership (Open to new members only) £219.00

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.

Privacy Notice: How your information will be used.

BHPA will use the information you have provided for the purposes of providing you with membership products and services. The data you provide will be stored on our servers within the UK and kept by us whilst you are a member of the BHPA and for a period of 6 years afterwards. BHPA will not share your data with third parties other than to provide you with membership products and services, e.g. BHPA Registered Clubs, insurers, FAI etc, or in the pursuit of flight safety e.g. AAIB, UK Airprox Board etc without your prior permission. You have the right to object to our use of your data, withdraw your consent for us to use your data, request a copy of the data we hold, require us to correct any errors in that data and to require us to delete your personal data. If you choose to withdraw your consent BHPA will no longer be able to provide you with some member products and services.

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:

Payment methods: Please tick preferred method:

PayPal using identifier: payments@bhpa.co.uk

Bank Transfer Sort Code: 16-23-21 Account No: 11226782
BIC: RBOS GB 2L
Iban: GB37 RBOS 1623 2111 2267 82

Credit / Debit card Please call the BHPA office

Once completed this form can be returned by e-mail to: office@bhpa.co.uk

FOR OFFICE USE ONLY: Rec'd:	PP / BT / CC:	Mem. No:	Ent'd:	£:	(BHPA-04/2020)
-----------------------------	---------------	----------	--------	----	----------------