



Membership #    
 (When Approved)

# MEMBERSHIP APPLICATION

Military connection:  Serving  Dependent  Veteran

If answered yes to any of the above, Service:  Rank:

Title:  Full Name:  DOB:  (Optional)

Address:

Town:  County:  Postcode:

Mobile #:  Home #:  Work #:

Email:

**Next of Kin** Full Name (& Known as):

Relationship:  Contact #:

Address:

Town:  County:  Postcode:

Pilot Licence Type & Number:

Inst Qualifications:  TRE  IRE  IRR  IRI  FE  FI  CRE  CRI

Qualifications:  IMC  IR  Solo  Student  Aeros  Night

I hereby agree, in consideration of my being admitted as an LFC Member and of my being permitted to use Club facilities and aircraft whether as a pilot, student pilot, passenger or otherwise, to be bound by the conditions of the Club as detailed in the Constitution.

I shall indemnify the LFC in respect of any penalties, damages, expenses, liability or legal costs which may be suffered or incurred by the Club in consequence of any proceedings, claims or demands of whatever nature caused by my negligence, brought or made at any time after I become a Club Member, by any person, arising out of or in connection with my LFC Membership or my use of LFC aircraft or facilities.

I understand that there can be an element of risk in light aircraft flying and I accept any such risk, although note that each LFC aircraft hired is fully insured by the owner for pilot, student pilots and passengers.

I shall comply with LFC Rules and Flying Orders, Air Navigation Orders and Regulations, Rules of the Air, Air Traffic Control Regulations and any other provisions of English or Foreign Law, Aerodrome Rules & Regulations as amended and in force from time to time and any Instructions given by any LFC Official.

I  am /  am not a UK taxpayer. I  will submit /  have submitted an LFC Gift Aid Declaration Form. I understand that LFC conforms to the 2018 GDPR Act. Therefore,  I consent to be included on the LFC mailing list and,  I wish to be added to the WhatsApp LFC Group.

I have read and accept the above terms.

Date:

Signature (if submitting digitally, accepting the above terms constitutes a signature)