COURSE APPLICATION FORM

Names:(First)	:(First) (Middle)				
Surname:					
Address:					
		own			
Country					
Postcode					
Tel Nos. (Home)	(Work)				
Fax Nos	E-Mail Ado	dress			
Passport No		or	I.D.	Card	No.
Nationality		Dat	e	of	Birth
Occupation	 Employer				
Blood Group	Height	mts. V	Veight .		kgs.
Colour of Hair					
Can you Read Writ	te Speak	English (Tick	were appl	icable)
Level of English Languag	-	•	anic!. If	you have	read up
till here and understood	d what is written you ar	e O.K.			
Any previous flying expe	erience: (Yes/No)				
Please state briefly if y	yes:				
			otal (if	any)	
Any Pilot licences (Yes/	'No): Please state:				
Total hours on Microligh					
When was your last che	ck flight:	ınd with v	vhom _		

I would like to apply for the course leading to the issue of a Restricted Private Pilot's Licence Rated for Microlights.

I hereby certify that I have read and understood the above information and have completed the statement to the best of my knowledge. I accept that giving false information may make me ineligible to club membership and the club reserves the right to report such occurrences to the necessary authorities. My (Cash/Cheque) deposit amounting to Lm300.00 is security deposit for the course/courses. I accept that this deposit is non refundable except if I am found to be Medically unfit by the Aviation Medical Examiner recommended by the club.

The Island Microlight Club reserves the right to terminate a member's course/membership at any time if the member's conduct is considered undesirable. Undesirable conduct is defined as any conduct which comprises or presents a risk, threat or danger to the safety, well being or health of the Club, Club officers, committee members, members, the general public, himself/herself, as well as bad publicity or any other cause. The Club committee's decision is final.

Name:		I.D. Card	I.D. Card (Passport) No.:		
Signature:	gnature: Date:				
Parent/Guardian	's		counter-signed by o		
Signature:		Date:			
Relation	†	0	new	1	member:
		For Club us	e only		
Membership No.	:				
New member acc	cepted by _		Date:		
Deposit pai	d by	Cheque		_ or	Cash
Signature:		_			

Amount	Date paid	Cheque Number
Lm 300 deposit		
Lm 165 before the first 5		
flights		
Lm 165 before the second		
5 flights		
Lm 125 before the last five		
flights		
Lm 220 before the exam		