PILOT CADETS APPLICATION FORM

Names:(First)	Surname:		
	City/To	own	
Country			
Postcode			
Tel Nos. (Home)	(Work)	
	E-Mail Address		
Passport No	or I.D. Card No		
		Date of Birth	
	Height		
Colour of Hair	and eyes	8	
Any previous flying e	xperience: (Yes/No)		
Please state briefly if	yes:		
]	Hours Total (if any)	
	Club reserves the right		
The Island Microlight	Club reserves the righ	t to terminate a membe	er's
	any time if the member		
undesirable. Undesira	ble conduct is defined	as any conduct which c	comprises or
	or danger to the safety,		
	ommittee members, me		
	ll as bad publicity or an	ny other cause. The Clu	ıb
committee's decision			
	I.D. Card (F		
	Date:		
	ation form must be cou	inter-signed by a paren	t/guardian.
Parent/Guardian's			
	I.D. Card (F		
Signature:	Date:		
Relation to new memb	oer:		

For Club use only		
Membership No.:		
New member accepted by	Date:	
Deposit paid by Cheque	or Cash	
Signature:		

Amount Date paid Cheque Number Lm 50 deposit Lm 125 Balance on commencement of course

Uniform Size: Small / Medium / Large (circle one)

http://www.islandmicrolightclub.com