

BHPA MEMBERSHIP APPLICATION FORM PLEASE WRITE CLEARLY USING BLOCK CAPITALS

Title:	_ Date of birth:		
First names:	Surname:		
Address:			0.34%
		Postcode:	
(N.B. It is vital that you include your postcode for the r			
Telephone No: (Home) (Work			
Name of BHPA school/club:	E-mail add	ress:	
Microlight Pilot (2 seater) ☐ Copy of NPPL/PPL requir	ed. SSDR pilot (see no	otes on website) Vi	siting Pilot
Alternative Entry Pilot (see notes on website) HPA \square	HG□ PG□ Hill□	Tow □ Power □ S	Speed Flying □
Please tick ✓membership type required:			
Trial Member (3 months)	£95.00 □		
Annual Memberships (12 months)			
- Flying Member	£164.00 □		
- Family Group Member (at the same address)	£148.00 (Quote	Memb. no. of full member _)
- 21 and Under / Over 67	£144.00 (Must gi	ive date of birth above)	
Non-Flying Member	£60.00 □		
Magazine subscription	£59.00 □		
Two Year Membership (Open to new members only)	£280.00 □		
Embership subscription as ticked above. £30.00 Joining Fee (applies to all categories of r. £ Overseas Mailing surcharge (Please che. £ TOTAL ENCLOSED I hereby apply for the BHPA Membership ticked above. I understraining I undertake to inform my instructor if I suffer from any metherisk of an accident or the severity of an injury. I understand hazardous sport which carries a risk of personal injury. I understand understand and accept the additional risks if I fly an uncertified Factsheet). I agree to abide by the BHPA rules, regulations and of the privacy Notice: How your information will be used. BHPA will use the information you have provided for the purpose stored on our servers within the UK and kept by us whilst you are data with third parties other than to provide you with membership flight safety e.g. AAIB, UK Airprox Board etc without your prior peus to use your data, request a copy of the data we hold, require to choose to withdraw your consent BHPA will no longer be able to Signed We occasionally make names and addresses available to third personal and the provided in such initiatives.	membership excluding Marck the BHPA website or constand that before I fly I must be ental or physical defect, infirm I that falsification of age will instand that membership benewing with no acceptable indeperating procedures. The set of providing you with members a member of the BHPA and a products and services, e.g. I the services are services, e.g. I the services are services and services are services and services and services are services are services and services are services and services are services	agazine subscription) call the office) the physically and mentally fit to the control of the co	erstand that this is a potentially time of my acceptance. I fully thiness (see BHPA Certification. The data you provide will be rds. BHPA will not share your ers, FAI etc, or in the pursuit of ata, withdraw your consent for the your personal data. If you
members. Tick here if you wish to be included in such initiatives: Payment methods: Please tick preferred method:	·		
□ PayPal using indentifier: payments@l	bhpa.co.uk		
☐ Bank Transfer Sort Code: 16-23-21 Account BIC: RBOS GB 2L Iban: GB37 RBOS 1623 2111	No: 11226782		
☐ 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-04/2023)