



# Skye Flying Club

## Membership Application Form

Name:	
Address:	
Date of Birth:	
Contact Number:	
Email Address:	
Emergency Contact Name:	
Emergency Contact Number:	
Brief Details Of Flying Experience inc. P1 on Type:	
Licence Type & Number	
Revalidation Next Due:	
Medical Next Due:	
Radio Licence Number:	
Expiry Date:	
Aircraft Type & Registration:	
Permit Expiry Date:	
Weight Report Expiry Date:	
Hangarage required at Ashaig?	

I apply for membership of the Skye Flying Club and agree to abide by its rules and those of the Air Navigation Order.

Signature:

Date