

# THE UPWARD BOUND TRUST

(Registered under the Charities Act 1960-No. 306119)

*(Glider Training for Youth)*

## APPLICATION FOR MEMBERSHIP

OF

## THE UPWARD BOUND TRUST.

From: 1<sup>st</sup> April 2007

Please use CAPITAL LETTERS throughout.

NAME:

DATE OF BIRTH:

ADDRESS (including postcode):

HOME PHONE NUMBER:

WORK PHONE NUMBER:

MOBILE PHONE NUMBER:

E MAIL ADDRESS:

Type of Membership applied for: Junior  Student  Adult  Older  Family

Please see the latest scale of Prices / Donations for the current rates. Attach a cheque or pay through the flying account system if you are a current account holder.

Donation  Amount..... Cheque attached  Please debit my flying account

For Family memberships please complete the list of Family members below: -

Family member name

Family member signature

Signature of Parent or  
Guardian if under 18

I the undersigned, of the address stated above wish to become a member of the Upward Bound Trust and to fly in gliders owned or operated by the trust, hereby agree to abide by the rules of the Trust and of the British Gliding Association and will adhere to all commands given by the Trust Instructors.

Signed:

Date:

In the presence of (signature of witness):

Full name of witness:

Address of witness:

Next of Kin:

Name

Phone Number

Relationship

Address

Main:

Secondary: