

BRITISH GLIDING ASSOCIATION**FOR OFFICIAL USE
ONLY****BGA OFFICIAL OBSERVER APPLICATION**

Please complete the form in clear block capitals using dark ink. All sections must be completed. Please use the attached payment form. Current fees are listed on the BGA members website.

Data protection notice

On receipt, the BGA protects the personal data supplied in this application form in accordance with its data protection policies, notices and procedures. The details, including your rights in respect of your data held by us, are at

<https://members.gliding.co.uk/library/data/>

Date Received

1. APPLICANTS PERSONAL PARTICULARS

Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Place of Birth.....

Postal Address.....

...

Post Code.....Email Address.....

Tel No.....Mobile No.....

BGA Club..... or

Air Cadet Squadron.....

2. APPLICANTS DECLARATION

MINIMUM QUALIFICATIONS: SILVER BADGE OR CONTINUOUS CONNECTION WITH THE ACTIVE SIDE OF GLIDING FOR THE PREVIOUS 3 YEARS

Issue date of Silver Badge..... or

Number of years in continuous connection with the active side of gliding.....

I request that I be appointed as a BGA Official Observer for gliding records and badges. I undertake to familiarize myself with and obtain a copy of the current FAI Sporting Code section 3 Gliding from <https://www.fai.org/igc-documents>

I certify that the particulars on this form are correct to the best of my knowledge and belief.

Date..... Name..... Signature.....

3. RECOMMENDATION BY CLUB CHAIRMAN or AIR CADET GLIDING SQUADRON COMMANDER

I know the above applicant personally. I consider him/her to be conscientious, careful, reliable and suitable to be entrusted with the duties of being a BGA Official Observer. I recommend his/her appointment.

Date..... Signature

Full Name.....

Gliding Club or Air Cadet Gliding Squadron

4. PAYMENT

All fees are payable in advance with the application
 Cheques must be payable to 'The British Gliding Association'

If paying by cheque, please enter the amount here £ _____

If paying by credit or debit card, please complete the following:

Card Holders Name (in full)																														
Amount in £ sterling	£																													
Card No																														
Expiry Date	__ __ / __ __								Valid From								__ __ / __ __													
Card Security No. (last 3 numbers)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td><td></td><td></td> </tr> </table>																													
Address of Cardholder if different from applicant	 Postcode:																													

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