



DARTMOOR GLIDING SOCIETY

Voucher Number	
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TEMPORARY MEMBERSHIP FORM

This form creates legally binding obligations between you and the Society. Please read the terms and notices provided carefully before signing it.

Name	
Address & postcode	
Telephone No/s	
Email	
Date of Birth	
Date	Signature of Applicant

The following section must be completed if the Applicant is under 18 years of age.

Name of Parent or Guardian	
Date	Signature of Parent or Guardian

Acceptance or Terms

Term 1	Accept ¹	Decline
Term 2	Accept ¹	Decline
Term 3	Accept	Decline
Term 4	Accept ¹	Decline
The Small Print	Accept ¹	Decline

¹ failure to accept these terms will result the refusal of your membership

Declaration of Disability or Medical Condition if appropriate

GP Name, Surgery & Tel No. (optional)	
Next of Kin or Emergency Contact	
Name	Relationship
Address	
Telephone No/s	