

British Medical Pilots Association

Membership Application Form



Title		Please use BLOCK CAPITALS and complete all sections of the form
Surname		
Forename(s)	(please circle preferred forename)	

Address	(including postcode)		
Telephone	Home	Mobile	Fax
Email			

Occupation / Specialty	
Medical Qualifications	
Flying Licenses	(current or dormant)
Home Airfield	(current home airfield, if any)
Current Aircraft	(aircraft currently in use, if any)
Total Flying Hours	

Special Interests	
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Please enclose a completed standing order form (preferred) or a cheque for £15 made payable to “British Medical Pilots Association”. As the standing order is dated 1st April, new members joining between April and December are requested to include a cheque for payment of the current year’s fee.

Signature _____ Date _____

Return to: British Medical Pilots Association, Owl House, 97 Buxton Old Road, Disley, Cheshire, SK12 2BN