

BMPA

New member application form



BRITISH MEDICAL PILOTS ASSOCIATION

Title		Please use BLOCK CAPITALS to complete all sections of the form
Surname		
Forename(s)	(please circle preferred forename)	
Address	(including postcode)	
Telephone numbers	(home)	(mobile)
Email address		

Occupation /Specialty	
Medical qualifications	
Flying licence(s)	(current or dormant)
Home airfield / Flying Club	(current, if applicable)
Current aircraft	(current aircraft in use, if any)
Total flying hours	

When your application has been processed the Treasurer will email you with a link to “Go Cardless” which will set up an annual subscription to the BMPA, currently in the sum of £15.

Signature _____ **Date** _____

Please email your completed application form to Secretary@BMPA.org.uk