

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, 54 Fawcett Close, Streatham, London, SW16 2QJ