



Limerick Flying Club,
Coonagh Airfield,
Ennis Road,
Limerick,
V94 H2HF
(061) 326600
<http://www.limerickflyingclub.com>



Application for Membership

Please complete this form in block capitals

CONTACT INFORMATION

Full Name: _____ DOB: _____

Address: _____

Your weight in kilograms: _____ Your height: _____

Phone: _____ Email: _____

Next of Kin: _____ Their contact number: _____

Important club communications are sent by email. You will also be invited to join the club's WhatsApp group

FLYING EXPERIENCE

Licence Type(s): _____ Licence Number(s): _____

Current Ratings: _____ Total Flying Hrs: _____ PIC: _____

Have you previously been a member of the Limerick Flying Club? YES / NO If yes when? _____

MEMBERSHIP FEE & SIGNATURE

Club membership is €360.00 per annum (or a pro-rata €30 pm for new members) *

* If paid in full before Feb 28th there is a €30 discount. Membership year is January to December.

How do you wish to pay your membership fee? (please tick one)

Standing Order Bank Transfer Cash/Card

If paying by standing order or bank transfer please use IBAN IE06 AIBK 9355 1418 9685 25 (Limerick Flying Club CLG # 2 A/C)

I agree to abide by the rules of Limerick Flying Club and declare the above details to be true and correct. I agree for the information in this application to be stored (in line with GDPR) by the club committee and used exclusively for club administration purposes.

Applicant Signature: _____ Date: _____

If Applicant is under 18 years old, a parent or guardian must sign and agree to the following:

I consent to the applicant becoming a member of Limerick Flying Club. I agree to them flying as a student pilot or passenger in Club aircraft, under the supervision of a responsible Club Member.

Parent / Guardian Signature: _____ Date: _____

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FOR OFFICE USE ONLY:

Proposed by: _____ Seconded by: _____

Membership Approved / Declined. _____ Membership fee received. _____ Welcome letter sent. _____

Date

Signature

Signature