



BRITISH PARACHUTE ASSOCIATION MEMBERSHIP RENEWAL APPLICATION

VALID FOR YEAR 1st APRIL 2009 to 31st MARCH 2010

All parts of this form relevant to you (and your partner if applicable) must be fully completed, including the Agreement Part(s). It does not matter what type of membership you hold, Life, Direct Debit, Joint etc. the form must still be completed.

Incomplete or inaccurate forms could result in the form being returned to you, which may result in a delay in renewing your membership. Please fill the form in carefully!

Please note that the processing and receipt of membership certificates could take up to ten days. Renewal forms will only be accepted by post, fax or hand, renewals will not be accepted over the phone or by e-mail.

PART 1A (PERSONAL DETAILS)

*Delete as necessary. PLEASE COMPLETE FULLY AND IN BLOCK CAPITALS

BPA NUMBER _____ FAI Cert No. _____ Sporting Licence No. _____

TITLE (Mr. Mrs. Miss. Ms. etc.) & SURNAME _____

FORENAME(S) _____

ADDRESS _____

POST TOWN _____ COUNTY _____ COUNTRY _____

POST CODE/ZIP _____ E-mail address _____

TELEPHONE NO (Home) _____ (Work/Mobile) _____

DATE OF BIRTH Day _____ Month _____ Year _____ GENDER: Male/Female*

PART 1B (JOINT MEMBERSHIP - PARTNER PERSONAL DETAILS)

*Delete as necessary. PLEASE COMPLETE FULLY AND IN BLOCK CAPITALS

BPA NUMBER _____ FAI Cert No. _____ Sporting Licence No. _____

TITLE (Mr. Mrs. Miss. Ms. etc.) & SURNAME _____

FORENAME(S) _____

ADDRESS _____

POST TOWN _____ COUNTY _____ COUNTRY _____

POST CODE/ZIP _____ E-mail address _____

TELEPHONE NO (Home) _____ (Work/Mobile) _____

DATE OF BIRTH Day _____ Month _____ Year _____ GENDER: Male/Female*

PART 2A (ADVANCED PACKER RATING*/PACKING CERTIFICATE HOLDER (PIGGYBACK RESERVES)* CURRENCY - MEMBER)

(Section 6 - Equipment. Operations Manual, Paragraph 8.3.1. N.B.(2) as applicable)

* Delete as appropriate.

I the undersigned (BPA Advanced Rigger*/Advanced Instructor*) am, satisfied that the Advanced Packer*/Packing Certificate Holder* named below is current in practice and up to date with the latest reserve packing related developments with regard to his/her* status.

APPLICANT'S NAME (Please Print) _____ AP No. (Advanced Packers only) _____

Advanced Riggers*/Advanced Instructors* Name (Print) _____ BPA No: _____

Signed _____ ADV RIGGER No:(If applicable) _____

Note: The Advanced Rigger / Advanced Instructor is to initial the appropriate rating(s) (below) to be renewed and delete the others:

AP(S) _____ AP(R) _____ AP(T) _____ Advanced Packing Certificate Holder _____

PART 2B (ADVANCED PACKER RATING*/PACKING CERTIFICATE HOLDER (PIGGYBACK RESERVES)* CURRENCY - JOINT MEMBER)

(Section 6 - Equipment. Operations Manual, Paragraph 8.3.1. N.B.(2) as applicable)

* Delete as appropriate.

I the undersigned (BPA Advanced Rigger*/Advanced Instructor*) am, satisfied that the Advanced Packer*/Packing Certificate Holder* named below is current in practice and up to date with the latest reserve packing related developments with regard to his*/her* status.

APPLICANT'S NAME (Please Print) _____ AP No. (Advanced Packers only) _____

Advanced Riggers*/Advanced Instructors* Name (Print) _____ BPA No: _____

Signed _____ ADV RIGGER No:(If applicable) _____

Note: The Advanced Rigger / Advanced Instructor is to initial the appropriate rating(s) (below) to be renewed and delete the others:

AP(S) _____ AP(R) _____ AP(T) _____ Advanced Packing Certificate Holder _____

PART 3A (INSTRUCTOR RATING RENEWAL - MEMBER)

(Section 4 - Instructors. Operations Manual, Paragraph 5.7 and 11 as applicable)

We the undersigned (CCI and Examiner) are satisfied that the named Instructor is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Instructor Rating Renewal.

INSTRUCTORS NAME (Please Print) _____

1) CCI Name (Print) _____ BPA No: _____

Signed _____ FAI No: _____

2) Examiners Name (Print) _____ BPA No: _____

Signed _____ FAI No: _____

Note: The Examiner is to initial the appropriate rating(s) (below) to be renewed and delete the others:

C.S. INST _____ ADV. INST _____ EXAMINER _____ AFF INST _____ TANDEM INST _____ FOREIGN AFF/TAN INST _____

PART 3B (INSTRUCTOR RATING RENEWAL - JOINT MEMBER)

(Section 4 - Instructors. Operations Manual, Paragraph 5.7 and 11 as applicable)

We the undersigned (CCI and Examiner) are satisfied that the named Instructor is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Instructor Rating Renewal.

INSTRUCTORS NAME (Please Print) _____

1) CCI Name (Print) _____ BPA No: _____

Signed _____ FAI No: _____

2) Examiners Name (Print) _____ BPA No: _____

Signed _____ FAI No: _____

Note: The Examiner is to initial the appropriate rating(s) (below) to be renewed and delete the others:

C.S. INST _____ ADV. INST _____ EXAMINER _____ AFF INST _____ TANDEM INST _____ FOREIGN AFF/TAN INST _____

PART 4A (RIGGER RATING RENEWAL - MEMBER)

(Section 14 - Rigging. Operations Manual, Paragraph 9)

I the undersigned (BPA Advanced Rigger) am satisfied that the rigger named below is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Rigger Rating Renewal.

RIGGERS NAME (Please Print) _____ No. _____ Adv. No. (if applicable) _____

1) Advanced Riggers Name (Print) _____ BPA No: _____

Signed _____ ADV RIGGER No: _____

Note: The Advanced Rigger is to initial the appropriate rating(s) (below) to be renewed and delete the other(s):

PARACHUTE RIGGER _____ ADVANCED RIGGER _____ EXAMINER _____

PART 4B (RIGGER RATING RENEWAL - JOINT MEMBER)

(Section 14 - Rigging. Operations Manual, Paragraph 9)

I the undersigned (BPA Advanced Rigger) am satisfied that the rigger named below is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Rigger Rating Renewal.

RIGGERS NAME (Please Print) _____ No. _____ Adv. No. (if applicable) _____

1) Advanced Riggers Name (Print) _____ BPA No: _____

Signed _____ ADV RIGGER No: _____

Note: The Advanced Rigger is to initial the appropriate rating(s) (below) to be renewed and delete the other(s):

PARACHUTE RIGGER _____ ADVANCED RIGGER _____ EXAMINER _____

PART 5 AGREEMENT (To be completed by the applicant(s) - See 5A and 5B, below)

I, the applicant for membership, whose full details appear overleaf, hereby apply for membership renewal of the British Parachute Association Limited ("BPAL") and I agree as follows:

1. In this agreement the expression "the Association" shall include where the context so admits BPAL, any affiliated Parachute Club, Centre or other organisation (whether incorporated or not), any instructor, rigger or packer (whether or not employed at any club or centre), any other individual or corporate member of BPAL and any club or centre and any servant or agent of BPAL or any club or centre. References to the masculine gender shall include the feminine and the singular shall include the plural.
2. In consideration of you accepting me as a member of BPAL, I agree that for so long as I shall be and remain a member of BPAL and at all times when I am taking part in any parachuting or related activity at a BPAL associated club or centre I shall be bound by (a) the BPAL Memoranda and Articles of Association (b all the Association's rules and regulations particularly safety regulations (c all lawful instructions given to me by instructors and those put in charge of me on behalf of the Association.
3. I authorise BPAL to apply part of my membership fee towards the purchase of Third Party Liability Insurance through the Association's scheme effective from time to time. Such insurance shall cover my personal and public liability for death or injury to persons and damage to property caused during the course of any parachuting activity undertaken by me. The value and limit of such insurance shall be such minimum figure as BPAL may from time to time determine. I understand that BPAL membership insurance is not valid in the USA or at any club or centre in the United Kingdom which is not affiliated to BPAL. Instructors who are members of BPAL cannot claim indemnity under the BPAL third party Insurance scheme if any club or centre for whom they are working at the relevant time is not a participating club or centre which has made a contribution to the premiums payable by BPAL for such third party liability insurance. Such instructors are therefore advised to effect their own third party liability insurance at their own expense.
4. I fully understand and freely acknowledge that sport Parachuting is inherently dangerous regardless of the standard of training, supervision and equipment employed.
5. I voluntarily accept all the risks inherent in the sport and I agree to carry out all parachute jumps and all activities connected with parachuting strictly in accordance with any instructions or tuition which I may at any time receive from any person authorised by any club or centre which is affiliated to BPAL to give me such instructions or tuition.
6. I agree for myself and my personal representatives to indemnify and hold harmless the Association against any claim or claims whether on my own account or from Third Parties arising out of any accident or incident resulting in any loss or damage (including bodily injury and death) and whether or not caused by my negligence or arising in consequence of my membership of BPAL or my participation in any form of parachuting or related activity.
7. I agree to notify BPAL within three working days of any accident or incident involving a Third Party and resulting from any approved sport parachute jump made by me.
8. I declare that I am:
 18 years of age or over/under 18 years of age* (delete as appropriate)
 I acknowledge that the minimum age for sport parachuting is 16 years.

PART 5A AGREEMENT (See above - Part 5) -To be completed by applicant who completed Part 1A (Member)

NAME: SIGNED: * DATED:

If under 18 years of age the following must also be completed by the parent or guardian of the proposed member.

To: The British Parachute Association Limited

I (Name)

of (Address)

.....
being the parent/legal guardian of the proposed member who is now aged..... years hereby confirm that I have given my permission for the proposed member to make parachute descents and that I agree to be bound in the same terms as those contained in the agreement signed by the proposed member and set out above.

SIGNED: DATED:

Data Protection The current policy of the BPA is not to disclose members' personal details to any outside organisation or individual, except as may be required by law. However, in case this policy should change, you are invited to tick the box if you are **NOT** willing for your personal details to be passed on to carefully selected third parties for marketing purposes.

PART 5B AGREEMENT (See above - Part 5) - To be completed by applicant who completed Part 1B (Joint Member)

NAME: SIGNED: * DATED:

If under 18 years of age the following must also be completed by the parent or guardian of the proposed member.

To: The British Parachute Association Limited

I (Name)

of (Address)

.....
being the parent/legal guardian of the proposed member who is now aged..... years hereby confirm that I have given my permission for the proposed member to make parachute descents and that I agree to be bound in the same terms as those contained in the agreement signed by the proposed member and set out above.

SIGNED: DATED:

Data Protection The current policy of the BPA is not to disclose members' personal details to any outside organisation or individual, except as may be required by law. However, in case this policy should change, you are invited to tick the box if you are **NOT** willing for your personal details to be passed on to carefully selected third parties for marketing purposes.

PART 6 (PAYMENT DETAILS)

*Please delete as appropriate

*Full membership £118.45 *Joint (Husband/Wife/Partner) £219.40 *Qualified Associate £93.88 *Already Paid (LIFE/DIRECT DEBIT)

(only one Magazine is supplied, to the name and address in Part 1A)

*I wish to donate to the 'BPA D.Z. Defence Fund' the sum of £(initial)

*I wish to donate to the 'British Team Fund' the sum of £(initial)

I ENCLOSE a Cheque / Postal Order* to the value of £ (see amounts above) made payable to 'BPA LIMITED'

OR Please debit my MASTERCARD / VISA / VISA ELECTRON / MAESTRO / SOLO card as follows:

Debit card is the preferred method of payment because it costs the BPA less to process a payment received by this method than by credit card or cheque.

NAME OF CREDIT/DEBIT CARD HOLDER (Print)

Address (If different to member in PART 1A above) (Print)

Card Number: EXPIRY DATE:

ISSUE No: (if applicable) SECURITY CODE No: (if applicable) VALID FROM DATE: (if applicable)

Signature: Date:

PLEASE NOTE: Membership of the BPA includes third party insurance which is not valid in the USA or at any Club or Centre in the UK which is not affiliated to the BPA. A summary of the BPA members' insurance policy can be found on the BPA website at www.bpa.org.uk/insurancesummary.htm and is available from BPA Affiliated Clubs or Centres and on request from the BPA office, telephone 0116 278 5271, email: skydive@bpa.org.uk

CHECK LIST

Please tick appropriate box(es)

HAVE YOU:

Completed your Personal Details? (Part 1 - a/b)

Had your packing currency endorsed? (Part 2 - a/b, if applicable)

Had your instructor's rating renewal endorsed? (Part 3 - a/b, if applicable)

Had your rigger's rating renewal endorsed? (Part 4 - a/b, if applicable)

Signed the Agreement? (Part 5 - a/b)

Paid? (Part 6)



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CMR date Batch No