



# British Parachute Association Limited

Wharf Way, Glen Parva, Leicester, LE2 9TF  
Tel: 0116 278 5271, Fax: 0116 247 7662,  
membership@bpa.org.uk  
www.bpa.org.uk

## MEMBERSHIP RENEWAL APPLICATION

**VALID FOR THE YEAR  
1 APRIL 2018 to 31 MARCH 2019**

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 application forms could take up to ten days. Renewals will not be accepted over the telephone.

### PART 1A (PERSONAL DETAILS)

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

BPA NUMBER \_\_\_\_\_ FAI Cert No./BPA Licence No. \_\_\_\_\_ Sporting Licence No. (if applicable) \_\_\_\_\_  
TITLE (Mr. Mrs. Miss. Ms. etc.) and SURNAME \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POST TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
POST CODE/ZIP \_\_\_\_\_ Email address \_\_\_\_\_  
TELEPHONE NO. (Home) \_\_\_\_\_ (Work/Mobile) \_\_\_\_\_  
DATE OF BIRTH Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ GENDER Male/Female\* \_\_\_\_\_

### PART 1B (JOINT MEMBER – PARTNER PERSONAL DETAILS)

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

BPA NUMBER \_\_\_\_\_ FAI Cert No./BPA Licence No. \_\_\_\_\_ Sporting Licence No. (if applicable) \_\_\_\_\_  
TITLE (Mr. Mrs. Miss. Ms. etc.) and SURNAME \_\_\_\_\_  
FORENAME(S) \_\_\_\_\_ Email address \_\_\_\_\_  
TELEPHONE NO (Work/Mobile) \_\_\_\_\_  
DATE OF BIRTH Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ GENDER Male/Female\* \_\_\_\_\_

### PART 2A (ADVANCED PACKER RATING RENEWAL – MEMBER)

(Section 6 – Equipment, Operations Manual, Paragraph 8.3.1. N.B.(2))

I, the undersigned (BPA Advanced Rigger\*/Chief Instructor\*), am satisfied that the Advanced Packer named below is current in all aspects of advanced packing relevant to his/her status (see BPA Form 302).

APPLICANT'S NAME (Please Print) \_\_\_\_\_ Advanced Packer No. \_\_\_\_\_  
Advanced Rigger\*/Chief Instructor\* name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_  
Signed \_\_\_\_\_ ADV RIGGER NO (if applicable): \_\_\_\_\_

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

AP(S) \_\_\_\_\_ AP(R) \_\_\_\_\_ AP(T) \_\_\_\_\_ Date \_\_\_\_\_

### PART 2B (ADVANCED PACKER RATING RENEWAL – JOINT MEMBER)

(Section 6 – Equipment, Operations Manual, Paragraph 8.3.1. N.B.(2))

I, the undersigned (BPA Advanced Rigger\*/Chief Instructor\*), am satisfied that the Advanced Packer named below is current in all aspects of advanced packing relevant to his/her status (see BPA Form 302).

APPLICANT'S NAME (Please Print) \_\_\_\_\_ Advanced Packer No. \_\_\_\_\_  
Advanced Rigger\*/Chief Instructor\* name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_  
Signed \_\_\_\_\_ ADV RIGGER NO (if applicable): \_\_\_\_\_

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

AP(S) \_\_\_\_\_ AP(R) \_\_\_\_\_ AP(T) \_\_\_\_\_ Date \_\_\_\_\_

**PART 3A (INSTRUCTOR RATING RENEWAL – MEMBER)**

(Section 4 – Instructors. Operations Manual, Paragraph 5.7 and 12 as applicable)

I, the undersigned Chief Instructor, am 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.

INSTRUCTOR'S NAME (Please Print) \_\_\_\_\_

2) CI Name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_

Signed \_\_\_\_\_ FAI/BPA Licence No: \_\_\_\_\_

**Note: The CI is to initial and date the appropriate Instructor rating(s) below individually to be renewed and delete the others:**

CS INST \_\_\_\_\_ ADV. INST \_\_\_\_\_ EXAMINER \_\_\_\_\_ AFF INST \_\_\_\_\_ TANDEM INST \_\_\_\_\_ CSI(G) \_\_\_\_\_

AFFI(G) \_\_\_\_\_ TI(G) \_\_\_\_\_ Date \_\_\_\_\_

**PART 3B (INSTRUCTOR RATING RENEWAL – JOINT MEMBER)**

(Section 4 – Instructors. Operations Manual, Paragraph 5.7 and 12 as applicable)

I, the undersigned Chief Instructor, am 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.

INSTRUCTOR'S NAME (Please Print) \_\_\_\_\_

1) CI Name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_

Signed \_\_\_\_\_ FAI/BPA Licence No: \_\_\_\_\_

**Note: The CI is to initial and date the appropriate Instructor rating(s) below individually to be renewed and delete the others:**

CS INST \_\_\_\_\_ ADV. INST \_\_\_\_\_ EXAMINER \_\_\_\_\_ AFF INST \_\_\_\_\_ TANDEM INST \_\_\_\_\_ CSI(G) \_\_\_\_\_

AFFI(G) \_\_\_\_\_ TI(G) \_\_\_\_\_ Date \_\_\_\_\_

**PART 4A (COACH RATING RENEWAL – MEMBER)**

(Section 2 – Designation and Classification of Parachutists. Operations Manual, Paragraph 6.12)

I, the undersigned Chief Instructor, am satisfied that the named Coach is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Coach Renewal.

COACH'S NAME (Please print) \_\_\_\_\_

CI name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_

Signed \_\_\_\_\_ FAI/BPA Licence No: \_\_\_\_\_

**Note: The CI is to initial and date the appropriate coach rating(s) below individually to be renewed and delete the others:**

BFF \_\_\_\_\_ FF \_\_\_\_\_ BTR \_\_\_\_\_ TR \_\_\_\_\_ CH \_\_\_\_\_ CP \_\_\_\_\_ FS \_\_\_\_\_

CF \_\_\_\_\_ WS \_\_\_\_\_ Date \_\_\_\_\_

**PART 4B (COACH RATING RENEWAL – JOINT MEMBER)**

(Section 2 – Designation and Classification of Parachutists. Operations Manual, Paragraph 6.12)

I, the undersigned Chief Instructor, am satisfied that the named Coach is suitable and eligible in accordance with the conditions laid down in the BPA Operations Manual for Coach Renewal.

COACH'S NAME (Please print) \_\_\_\_\_

CI name (Print) \_\_\_\_\_ BPA No: \_\_\_\_\_

Signed \_\_\_\_\_ FAI/BPA Licence No: \_\_\_\_\_

**Note: The CI is to initial and date the appropriate coach rating(s) below individually to be renewed and delete the others:**

BFF \_\_\_\_\_ FF \_\_\_\_\_ BTR \_\_\_\_\_ TR \_\_\_\_\_ CH \_\_\_\_\_ CP \_\_\_\_\_ FS \_\_\_\_\_

CF \_\_\_\_\_ WS \_\_\_\_\_ Date \_\_\_\_\_

**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 BPA, any Affiliated Parachute Training Organisations (whether incorporated or not), any Instructor, Rigger or Packer (whether or not employed at any Parachute Training Organisation), any other individual or corporate member of BPA and any Parachute Training Organisation and any servant or agent of BPA or any Parachute Training Organisation. 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 BPA, I agree that, for so long as I shall be and remain a member of BPA and at all times when I am taking part in any parachuting or related activity at a BPA Affiliated Parachute Training Organisation, I shall be bound by (a) the BPA 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 BPA 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 BPA may from time to time determine. I understand that BPA membership insurance is not valid in the USA or at any Parachute Training Organisation in the United Kingdom which is not affiliated to BPA. Instructors who are members of BPA cannot claim indemnity under the BPA Third Party Insurance scheme if any Parachute Training Organisation for whom they are working at the relevant time is not a participating Parachute Training Organisation which has made a contribution to the premiums payable by BPA 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 Parachute Training Organisation which is affiliated to BPA 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 BPA or my participation in any form of parachuting or related activity.
7. I agree to notify BPA 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. BPA company documents (Notice of AGM, Annual Accounts) are notified to members electronically. If you wish to opt out of electronic notification in favour of receiving a paper copy, please tick the opt-out box  (If you do not supply a current and valid email address, you will be opted-out automatically).
9. 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) – 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 BPA will collect, retain and process all the personal data provided in this application and all its communications in compliance with the Privacy and Electronic Communication Regulation, the Data Protection Act 1998 and the upcoming Data Protection legislation. A copy of our Data Protection Policy is available on our website at [www.bpa.org.uk](http://www.bpa.org.uk) for full data subject's rights and our responsibilities.

**Part 5B AGREEMENT (See above) – 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 BPA will collect, retain and process all the personal data provided in this application and all its communications in compliance with the Privacy and Electronic Communication Regulation, the Data Protection Act 1998 and the upcoming Data Protection legislation. A copy of our Data Protection Policy is available on our website at [www.bpa.org.uk](http://www.bpa.org.uk) for full data subject's rights and our responsibilities.

