



# BILLING PARAGLIDING ASSOCIATION

Vill. Chougan PO Bir Teh. Baijnath Kangra HP 176077  
 http://www.billingparagliding.com || email: bpabir@gmail.com

## APPLICATION FOR MEMBERSHIP

PLEASE USE BLOCK LETTERS ONLY

### PHOTO

Affix  
 PASSPORT  
 SIZE  
 PHOTO  
 3.5 x 4.5 cms

### Member Type

Pilot  Non-Pilot

### Citizenship

Indian Citizen  Foreign National with Indian Residence Permit  
 Foreign National Visiting India  Non Resident Indian

### COUNTRY

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(First Name)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Middle Name)

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(Surname)

Gender M/F Date of birth \_\_\_ / \_\_\_ / \_\_\_ Blood Group \_\_\_\_\_ Occupation \_\_\_\_\_

Email ID \_\_\_\_\_

### Communication Address

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Pin/Zip Code \_\_\_\_\_

Mob. No. \_\_\_\_\_

Phone. No. \_\_\_\_\_

Fax \_\_\_\_\_

### Paragliding /Hang-gliding Training/Experience info:

Paragliding Pilot  Hang-gliding Pilot  Tandem Pilot

Paragliding Licence Detail: \_\_\_\_\_

Flying experience (Flying hours, X-country, comps, expeditions till date):

\_\_\_\_\_

Other organization affiliations: \_\_\_\_\_

Association with any other sports \_\_\_\_\_

\_\_\_\_\_

<b>Photo</b>  (Do Not Paste)	<u>For INDIAN NATIONALS</u> (tick mark one of the IDs)
	PAN Card <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Aadhaar UID <input type="checkbox"/> Voter's ID <input type="checkbox"/>
	ID No. _____
	<u>For FOREIGNERS and NRIs</u> (fill in the details )
	Passport No. _____    Country _____
	Visa No. _____    Valid up to _____

**FEES**

**Admission/Registration**

Amount	Mode	Details
	Cash <input type="checkbox"/> Chq. <input type="checkbox"/> D. D. <input type="checkbox"/>	Chq / DD / Trans No.
	Electronic Transfer <input type="checkbox"/>	Bank+Branch
		Date

*I, the undersigned, do hereby apply for Membership of the Biling Paragliding Association (BPA), and agree to abide by, and observe, the Rules, Regulations and bye-laws of BPA at all times.*

Date \_\_\_\_\_

Place \_\_\_\_\_

**Applicant's signature**

Sign within the block

**FOR OFFICE USE ONLY**

(to be verified by BPA office)

Form details <input type="checkbox"/>	<b>Fees Paid:</b> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> D. D. <input type="checkbox"/> Electronic Transfer <input type="checkbox"/>	Date of joining ____ / ____ / ____
Photos <input type="checkbox"/>	Chq/DD No. / Trans. Reference / Bank details: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Photo ID <input type="checkbox"/>		Valid up to ____ / ____ / ____

*Your application has been accepted/rejected*

Registration / Membership No. \_\_\_\_\_

**Authorised Signatory  
BPA**