## Hamilton Model Flying Club

## MEMBERSHIP APPLICATION FORM

Name:	Name:	r Guardians Details:
Address:	Address: (if different):	
		Post code:
Post Code:	Tel:	Post code:
Date of Birth*:/	Parent/Guardians Sig	nature:
Tel: Mobile:		@
Application Type: Adult / Family / Spouse / N	Ion-flying / Junior / Cour	ntry. Circle as appropriate
Disciplines of interest. Fixed Wing / Helicopt	ter / Drone / Control Line	)
Current Certification:	e.g. SAA Bronze, BMFA	<i>A</i> )
Insurance details if already practising:		
Type: (If applicable)		
Details of CAA registrations:		
Flyer ID :		
Operator ID (for junior members, give	e the operator ID of the p	erson responsible for the
drone or model aircraft to be flown):		
Other Model Club Memberships:		
1) 2)	3)	
2,	······································	
Are you willing to assist in the maintenance	of the club facilities?	Yes/No
Do you agree to abide by the club safety regulations?		Yes/No
Have you been a member of the club before	?	Yes/No
Signed:	Date:/	
For offici	al use only	
Application type: New / Re-Application	ai asc only	
Signed Date/	Office:	
Signed Date //	Office:	
On Behalf of the committee: Applica	tion: Accepted/Reject	ed

- Please bring application to any club night to apply
- \*Note all junior members or Vulnerable Adults must be accompanied by their parent or guardian to all club activities. Or by an appropriate responsible adult nominated by their parent/guardian.