



**BLACKRIDGE & DISTRICT MODEL FLYING CLUB
MEMBERSHIP APPLICATION / RENEWAL FORM**

NAME	
ADDRESS	
POST CODE	
TELEPHONE	
E-MAIL	

PLEASE TICK BOXES BELOW AND SIGN

I HAVE READ THE BDMFC SITE RULES AND AGREE TO OBSERVE THEM AS A CONDITION OF CLUB MEMBERSHIP	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

I HAVE A SAA BRONZE OR HIGHER SAFETY AWARD (OR BMFA EQUIV)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

I WOULD LIKE MY CLUB NEWSLETTERS SENT BY E-MAIL	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

I WISH TO APPLY FOR DISABLED DIRECT ACCESS TO THE FLYING SITE INVALIDITY BADGE NUMBER: _____ CAR REG. No. _____	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT INSURANCE DETAILS AND NUMBER: I AGREE I WILL NOT OPERATE MODEL AIRCRAFT AT THE SITE WITHOUT INSURANCE	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

I AGREE TO MY CONTACT DETAILS BEING MADE AVAILABLE TO OTHER CLUB MEMBERS	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: _____	DATE: _____
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2009 Club fee

£ _____
