LLEYN MODEL AERO CLUB

Application For Membership **2017**

I wish to apply for membership of the Lleyn Model Aero Club and if my application is accepted I agree to abide by the rules of the club. Parent or Guardian of Junior applicants must sign the responsibility agreement.

Type of Membership FULL / COUNTRY / JUNIOR (D of B ____ / ____ / ___)

SURNAME ……..…Forenames……..……

Address……..……

……..……

……..

POST CODE……...……

TELEPHONE……..……

Email ……..……

BMFA NUMBER……..…….(if already or previously a member)

STANDARD OF FLYING. (Please indicate which)

Novice "A" Certificate" B" certificate

BMFA Instructor BMFA Examiner

POWER MODELS GLIDERS HELICOPTERS

SIGNED……..……..……

DATE……

SEND FORM AND PAYMENT TO TREASURER

PLEASE INCLUDE A STAMPED ADDRESSED ENVELOPE