

Burns Country Flyers

Membership application/re-application form.

SURNAME _____ FIRST NAME _____

ADDRESS _____

POSTCODE _____ DATE OF BIRTH ____/____/____

TEL.NO _____ E-MAIL _____

For new and re-applying members, are you or have you been a member of a model flying club?

Current _____ Lapsed _____ N/A _____ Name of Club _____

S.A.A. _____ B.M.F.A. _____ L.M.A. _____ Member No's (As applicable)

Proficiency Awards held _____

SUA Operator ID. _____ SUA Pilot/Flyer ID. _____

In consideration of becoming a member of Burns Country Flyers I agree to abide by the following conditions:-

I declare that as a member of Burns Country Flyers, I shall abide by the Club constitution, I shall fly in a safe and considerate manner and conform to the Club flying and safety rules, noise, and site tidiness, and to the law relating to the operation of model aircraft.

1. It is a condition of membership that I obtain third party insurance from one of the following bodies. S.A.A. B.M.F.A. L.M.A. In consideration
2. of becoming a member of Burns Country Flyers I hereby indemnify and hold them harmless against any claim which may be made against them arising from my actions or failure to comply with Club or C.A.A. regulations. Parental duty of care for persons under 18 years of age:
3. I declare that whilst attending Burns Country Flyers flying site, or any Club organised activity and accompanied by any person under the age of 18 years, that I shall be the person responsible for the safety, wellbeing and supervision of that person. I consent to particulars of my membership being held on computer for the sole purpose of the administration of the Club. I confirm I have read and understood the
4. CAA Privacy Notice relating to registration with the CAA and agree to the BMFA / SAA / LMA providing my Name, address, date of birth and email address (if applicable) to the CAA as part of the process I understand that submission of this application (without prejudice) does
5. not guarantee acceptance to the Club.
6. Subject to successful application, I hereby agree to six month probationary period where during this time, my membership can be cancelled without reason.

Signed _____ Date ____/____/____

Please note, any unsigned forms will be returned. (Parent or Guardian to sign if applicant is under 18 years.)

Association and BCF Fees are set at A.G.M.'s. therefore may be subject to change.

S.A.A. B.M.F.A. L.M.A. fees as advertised on individual Websites from 1st December.

All Fees due no later than 31st Dec. (Otherwise late renewal fee will be incurred.) (BACS online payment only)

Please enter appropriate club fee and your selected insurance provider in spaces below.

Once payment has been made completed forms must be E-mailed to Club Secretary at:- mc757@btinternet.com

BACS Details:

Account Holder Burns Country Flyers Sort code 83-45-00 Account number 00746314.

Fees can also be paid at BCF A.G.M.

Fees Paid: BCF £

Received by _____ Date ____/____/____