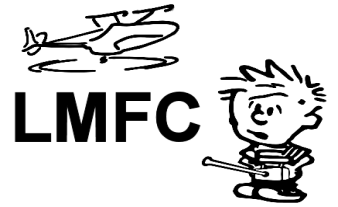


MEMBERSHIP FORM



Lindens Model Flying Club
www.lindensmfc.co.uk

Member No. _____ (Will be supplied)

Date: _____

➤ Full Postal Name & Address

Name _____

Line 1 _____

Line 2 _____

County/area _____

Post Code _____

E-Mail _____

Vehicle Registration Numbers _____

Notes

➤ Type of models + any BMFA Certificates held. Tick all relevant boxes below:

Helicopter Certificate: None A B

Aircraft Certificate: None A B

➤ What types of Aircraft have you flown and have experience of?

Helicopter: Electric I.C. **Fixed Wing:** Electric I.C. Control Line Turbine Glider

➤ Insurance is Compulsory. **Policy number if you have this now*** _____

* If not please make sure you have valid insurance and have this form updated before any flying commences.

I have read and understood and I agree to abide by the Club Rules **Signature:** _____

Please see www.lindensmfc.co.uk for full details. Or fax application to John. Williamson 01472 506260 or scan and email to burgerman@ntlworld.com

✂

Lindens Model Flying Club

Membership number _____

Members Name _____

Vehicle Registration Number(s) _____

Paid in full on (date) _____

