

Deeside Model Aircraft Club

Application for Membership

(Please complete in BLOCK CAPITALS)

Surname:	Forei	name(s):		Title:
Home Address	:			
			Pos	tcode:
Date of birth: _				
Email Address:				
Telephone Number:			Mobile:	
Do you object t	o your 'phone numbers	s and email being circul	ated to other DMAC mer	nbers ?:
Are you already	a member of the B.M	.F.A.?:		
If so: B.M.F.A. Membership Number:				
	Club (if any) through	which subscription was	paid:	
B.M.F.A. Achie	vement Scheme and Ir	nstructor/Examiner ratin	gs held (please tick all th	nat apply):
Fixed-wing: "A" [] "B" [] "C" [] "I" [] "E" [] Silent Flight: Electric: "A" [] "B" [] Slope: "A"" [Interests (please tick all that apply):				
	Prop-driven [] Autogyro [] Multi-rotor []	Ducted-fan [] Glider []	Turbine [] Ornithopter []	Helicopter [] Free Flight []
Model styles:		Scale [] Micro/Indoor []	Aerobatic [] Large (>7kg) []	Fun-Fly [] Electric []
•	Old Hand []			
Radio frequenc	y presently used:	2.4GHz []	35MHz [] Channel:	
		Declaration by	/ Applicant	
and agree to D	MAC holding my name	e, address date of birth	and email address (if a	ating to registration with the CAA pplicable) and providing these to itution and Rules of the Deeside
		•	regulations therein. I urd possible withdrawal of	nderstand that any breach of the membership.

Date: __

Membership Proposed by:

DMAC Committee Member:	Name:	(block capitals)	
	Signature:		
	Date:		
DMAC non-Committee Member:	Name:	(block capitals)	
	Signature:		
	Date:		
For Deeside MAC use only:			
Date application considered:			
Decision reached:			
Applicant notified:			

When completed and signed this application form should be returned to the proposing DMAC committee member:

The application will be considered at the next available meeting of the DMAC Committee and the applicant will be notified of the outcome as soon as possible thereafter.