Deeside Model Aircraft Club

Application for Membership

(Please complete in BLOCK CAPITALS)

Surname : _____ Forename(s) : _____ Title : _____

Home Address : _____

_____

Post Code : _____

Date of Birth : DD | MM | YYYY

Email Address : _____

Telephone No : _____ Mobile No : _____

Do you object to your 'phone number and email being circulated to other DMAC members ?? _____

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 / is paid : _____

B.M.F.A. Achievement Scheme and Instructor / Examiner ratings held (please tick all the apply) :

Fixed Wing : "A" ☐ "B" ☐ "C" ☐ "I" ☐ "E" ☐

Helicopter : "A" ☐ "B" ☐ "C" ☐ "I" ☐ "E" ☐

Silent Flight : Electric : "A" ☐ "B" ☐ Slope : "A" ☐ "B" ☐ Thermal : "A" ☐ "B" ☐

Interests (please tick all that apply) :

Model types : Prop driven : ☐ Ducted Fan : ☐ Turbine : ☐ Helicopter : ☐

Autogyro : ☐ Glider : ☐ Ornithopter : ☐ Free Flight : ☐

Multi Rotor : ☐

Model styles : Sport : ☐ Scale : ☐ Aerobatic : ☐ Fun-Fly : ☐

Pylon Racer : ☐ Micro / Indoor : ☐ Large (>7Kg) : ☐ Electric : ☐

cont. over

Experience : Old Hand : ☐ Improver : ☐ Novice : ☐

Radio frequency currently used : 2.4 GHz : ☐ 35 MHz : ☐ Channel : _____

Declaration by applicant

I confirm that I have read and understood the DMAC, BMFA and CAA privacy notices relating to the registration with the CAA and agree to DMAC holding my name, address, date of birth and email address (if applicable) and providing these to the BMFA and CAA as part of the process. I have read and understood the Constitution and Rules of the Deeside Model Flying Club and I agree to uphold and abide by the regulations therein. I understand that any breach of the club regulations will render me liable to disciplinary action and possible withdrawal of membership

Signed : _____ 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