

Midland Helicopter Club

Membership Application / Renewal Form

Name : _____

Address : _____

_____ Post Code: _____

Email Address : _____

Telephone Number : _____ Mobile Number : _____

D.O.B: _____

BMFA Membership Number (if already a member): _____

Do you wish the club to renew your BMFA membership?

Please Tick.

Yes

No

*BMFA insurance is **MANDATORY**. If personal BMFA renewal is preferred, proof of insurance will be required before you are allowed to fly on the club site.*

Model Flying Experience :

Years _____

Months _____

I have received a copy of the constitution and rules for the club and agree to abide by those rules.

Signature _____

Date _____

For Fees: Please see charging matrix

Please return this form together with appropriate remittance to :-

Mr K.Morton

Midland Helicopter Club

15 Eden Court

Nuneaton

Warwickshire

CV10 9AG