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Membership No



# South Coast Helicopter Club

## MEMBERSHIP APPLICATION FORM

Please print in block capitals

(This form is private and confidential and will not be disclosed to any other person)

Name: .....

Address: .....

.....

.....

.....

Post code: ..... Date: .....

Contact Phone No: .....

Mobile No: .....

E-Mail Address: .....

Frequency Number of your Transmitter: .....  
(This will be the Number that will be entered onto your frequency pendant)

Type of Helicopter: .....

**BMFA Insurance Details**

Cert. No: .....

Expires: .....

**Important**

Are there any medical conditions that could affect your flying? (Y or N)

The Club Reserves The Right To Refuse Membership.

The Club Reserves The Right To Cancel Membership At Any Time If Club Rules Are Not Adhered To.

**I will abide By the Safety Rules That Regulate the Safety of the Club**

(If you are not aware of the rules please ask a committee member)

Signature: .....

If you have BMFA Insurance please enter details here

Do you anticipate flying fix wing models at the flying field? Y / N

If a work party is required would you be prepared to help? Y / N

Office use only.

Name of Applicant: .....

Amount Paid: .....

CASH

Cheque