

SHANKILL RADIO FLYING CLUB



CLUB MEMBERSHIP APPLICATION FORM

Name: _____ Date:.....

Address: _____

Telephone : _____ Email _____

Category of Membership Senior Family Member Junior

Type of Aircraft: Glider Fixed wing Helicopter

Make of Radio: _____

Frequency Number: _____

M.A.C.I. Number (if available): _____

Were you ever a member of the S.R.F.C. before yes no

Were you ever a member of the M.A.C.I. before yes no

If you have answered yes to either of the last two questions then please give details below:

.....
.....

Proposed by :

Seconded by :

I / we wish to confirm and acknowledge that I / we will be bound by the Club Rules and Safety Rules and all amendments made to them at all times.
Junior members (under 16 years old) must be accompanied at all times by a parent or adult guardian

Signed:.....