

SHANKILL RADIO FLYING CLUB

CLUB MEMBERSHIP APPLICATION FORM



Name: _____ Date: _____

Address: _____ Eircode: _____

Telephone: _____ Mobile: _____ Email: _____

Category of membership: Senior (18+) ☐ OAP (65+) ☐ Family Member ☐ Junior ☐ Associate ☐

Type of Aircraft: Glider ☐ Fixed wing ☐ Helicopter ☐

M.A.C.I. Number (if available): _____ Cert Level (A/B): Fixed wing _____ Heli _____

Were you ever a member of S.R.F.C. before? Yes ☐ No ☐

Were you ever a member of M.A.C.I. before? Yes ☐ No ☐

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

How did you hear about the Club? _____

Declaration of Consent:

M.A.C.I insurance is a condition of membership of SRFC. Do you have insurance? Yes ☐ No ☐

1. In consideration of my joining Shankill Radio Flying Club (SRFC), I hereby indemnify and hold SRFC and its committee harmless against any claim which may be made against them from my actions or failure to comply with the club or MACI regulations. Each member is responsible for their own actions and aircraft. At no time will the club or the trainer be held liable or accountable for damages incurred directly or indirectly as a result of training.
2. I undertake to abide by all the rules of the SRFC.
3. I consent to my personal information being stored by the SRFC and the Model Aeronautics Council of Ireland (MACI), and that this information may be provided to the Irish Aviation Authority (IAA).
4. I understand that I may request in writing that my personal information be permanently deleted from all databases under the control of the SRFC committee.
5. I agree that the SRFC committee may contact me by phone, text, email, social media or written correspondence.

Signed: _____ (Applicant)

For Junior Member:

I am the Parent/Guardian of: _____ Applicant date of birth: ____/____/____

Name _____ Address: _____

Phone number (if over 18): _____ E mail address (if over 18): _____

I undertake to ensure that the Junior Member above will be accompanied by a Parent/Guardian at all times at club activities to ensure safe operation of the club.

Signature: _____ (Parent/ Guardian)

Proposed by: _____ Seconded by: _____