

# QUEENSVIEW

MODEL FLYING CLUB 

## Membership Application Form

### Applicant

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Town: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Tel. Home: \_\_\_\_\_ Tel. Mobile: \_\_\_\_\_

### Insurance

Do you have third-party Aero-modelling insurance? YES / NO

(If yes, then please enclose a copy of your current certificate. If no, please enclose a completed SAA form with relevant payment added to the total. Enter club as **QUEEN'S VIEW MFC** and we will forward the payment and form on your behalf)

### Membership Class

Class of membership required: ADULT / JUNIOR

(Please note all junior members under the age of 16 must be accompanied by a parent/guardian)

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Declaration

I agree to the particulars of my membership being held electronically for the sole purpose of administration of the club. In consideration of me joining Queens View MFC, I hereby indemnify and hold them harmless against any claim which may be against them from my actions or failure to comply with club or CAA regulations. I agree to abide by the constitution and rules of the club.

I enclosed a cheque for the amount of £ \_\_\_\_\_ (Make payable to Donald Munro)

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian (Junior Application) \_\_\_\_\_

Date: \_\_\_\_\_

Return to: Donald Munro  
Secretary/Treasurer  
41 Antonine Rd.  
G61 4DS Bearsden  
Glasgow