

GAC Membership Application

| rirst name | Last Name |
|--|---|
| Address | |
| Postcode | Telephone |
| Occupation | DOB (if under 18) |
| Insuring Body/Association | |
| Insurance No. | |
| Model Flying Qualifications | |
| Email | |
| Preferences | |
| The club would like to keep you informations, aero-modelling law and If you wish to receive this information | |
| | rry event reports and the like where members isplayed. If you wish your photograph and name |
| If you wish your telephone number to by that member to the club secretary | be disclosed to another club member on request , please check this box |



Undertaking

If granted membership, I acknowledge that ...

- a I have read and agree to abide by the club rules as may be modified from time to time and ...
- b I will provide up to 6 hours of my time per year to assist in furthering the aims and interests of the club.

| Sign | Date |
|--|--|
| Note: Where an applicant is under by the applicant's parent or guardi | er 18 years of age, this form must be countersigned ian. |
| Name | Parent/Guardian (delete as applicable) |
| Sign | Date |

Membership Categories

Junior Members – under 18 years of age on 1st January of the subscription year. **Adult Members** – over 18 years on the 1st January of the subscription year.

Procedure

Applicants may not use the facilities of the club until acceptance has been confirmed. This completed application form should be returned to the club secretary at the email address below. No fee is required to accompany this application.

Your request will be considered by the club committee and once notified of acceptance, payment for club fees may be made to the following account ...

The preferred method of payment is via bank transfer ...

Bank Account Glenrothes Aeromodelling Club

Sort Code 80-08-09 **Account Number** 00376222

The reference field should name the person joining.

Secretary

Mr Jim Stewart 07940 700667 secretary@glenrothesaeromodellingclub.org