



# WIRRAL RADIO CONTROL FLYING SOCIETY MEMBERSHIP APPLICATION

Name

Address

Date of Birth

Email

Contact

BMFA No  
If already a member

Status

Discipline

WE ACTIVELY SUPPORT DISABLED FLIERS  
Please tick box if you have any special requirements



I have read the Privacy Statement and agree to my data being used

Signed

I the parent/guardian of   
confirm that I am aware of the Society's policy on children and vuerable adults. I undertake to accompany him/her  
at all times that he/she is attending the Society's functions and activities

Name and address of  
parent/guardian

Signed