## Sheet1

Hartlepool Model Flying Club						
		Member A	Application	Details		
First Name						
Last Name						
Address details	Line 1					
	Line 2					
	Town					
	County					
	Post Code					
Date of Birth					Junior	Senior
Email Address						
An email	address is n	ecessary for E	BMFA / CAA re	gistration & Clu	b communicat	ion.
Contact Number	Home					
	Mobile					
BMFA Membersh	nip number					
Achievements BMFA – BPC, A, B, RCC or CAA test					Date Due	
CAA Operator ID					Date Due	
I give Hartlepool Model Flying Club permission to add, update and maintain my information with the BMFA and the CAA. To store the information needed to fulfil our obligations in relation to your membership and use your email address you have listed here to contact you.  I confirm I have read and understood the CAA Privacy Notice relating to registration with the CAA and agree to the BMFA providing my Name, address, date of birth and email address (if applicable) to the CAA as part of the process.						
Signature. As a Senior OR Signed by the Parent/Guardian of the Junior						