

# Oxon Helicopter Collective

## Membership Application

Name/Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/County: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
BMFA number (leave blank if not previously a BMFA member): \_\_\_\_\_  
Email\*: \_\_\_\_\_

\* Please note that all club correspondence is distributed via email in order to preserve club funds. Notices of all important events will also be given at the club meetings. A hard copy of the committee meeting minutes can be requested from the club secretary.

### Helicopter flying abilities:

- Beginner requiring tuition
- Beginner able to completely hover
- BMFA A' certificate (helicopter)
- BMFA B' certificate (helicopter)
- Examiner (helicopter)
- Chief examiner (helicopter)

### Fixed wing flying abilities:

- BMFA A' certificate (fixed wing)
- BMFA B' certificate (fixed wing)
- Examiner (fixed wing)
- Chief examiner (fixed wing)

If this is a family membership please list below any other family members residing at the same address.

Name	Relationship	Date of Birth	BMFA number

Please provide the names and contact numbers of two people who we can contact in the event of an accident.

### Next of Kin 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel: \_\_\_\_\_ Alternative Tel: \_\_\_\_\_

### Next of Kin 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel: \_\_\_\_\_ Alternative Tel: \_\_\_\_\_

Please help us keep track of the used frequencies:

What is your primary channel? \_\_\_\_\_

Please list any other channels that you may occasionally use: \_\_\_\_\_

**I declare that I do not suffer from epilepsy or from sudden attacks of fainting or giddiness or any medical condition which would prevent me from obtaining an automobile driving licence or from any other disability, mental or physical, which would be likely to result in the flying of a Remote Control Helicopter by me being a source of danger to myself or to others, and I understand that it is my responsibility to inform the Club of any change occurring which would affect this declaration of fitness.**

**I agree to adhere to all Club rules and policies. I understand that repeated failure to abide by such rules, guidelines and policies could result in a ban, suspension or termination of membership in the club.**

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