TEMPORARY MEMBERSHIP FORM

Voucher no or F&F member name or R/N Service no. Rank/ Rating & Unit	

This form creates legally binding obligations between you and the Society. Please read the terms and notices provided carefully before signing it.

Name
Address & postcode
Telephone No/s
Email
Date of Birth

Acceptance or Terms

Term 1 Accept[1] Decline

Term 2 Accept[1] Decline

Term 3 Accept Decline

Term 4 Accept[1] Decline

The Small Print Accept[1] Decline

[1] failure to accept these terms will result the refusal of your membership

Declaration of Disability or Medical Condition if appropriate

GP Name, Surgery & Tel No. *(optional)*

Next of Kin or Emergency Contact	
Name	Relationship
Address	
Telephone No/s	

☐ **I ACCEPT TERMS 1,2,and 4 AND I HAVE READ AND UNDERSTOOD THE MANDATORY SAFETY RULES AND MEDICAL NOTES AND I CONSENT TO TAKE PART IN CLUB FLYING. (Please tick)**

Signature Date

The following section must be completed if the Applicant is <u>under</u> 18 years of age. I ACCEPT TERMS 1,2,and 4 AND I HAVE READ AND UNDERSTOOD THE MANDATORY SAFETY RULES AND MEDICAL NOTES AND I CONSENT TO MY CHILD TAKING PART IN CLUB FLYING.

Name of Parent or Guardian	**Signature of Parent or Guardian**	**Date**