

RUNCORN MODEL ASSOCIATION

MEMBERSHIP APPLICATION

Please complete the following legibly.

Full Name	Tel No:	
Address _____	Mobile:	
	e-mail address:	

Date Of Birth (For BMFA)	
Name of parent or guardian (Under 18)	

BMFA Information (If already a member).	
BMFA Number	
BMFA Certificate held.	

<u>Other club membership.</u>	
Are you or have you been a member of another model club ? If YES please provide the following :	
Club Name	
Name of club official	
Contact telephone number.	

Please indicate your main interest and type of models you would intend to fly at the club.

<u>Emergency Contact Details.</u>	
Please provide details of a person you would like to be contacted should you suffer accident or illness whilst at the field.	
Name	Tel

<u>DECLARATION</u>	
I wish to apply for membership of the RMA. The details provided are correct and complete. If my application is successful i agree to abide by the rules of the RMA.	
Signature	Date

<u>Sponsor</u>	
Sponsor to be existing member for at least 12 months.	
Name	Date
Signature	

Membership and BMFA fees are detailed on <https://rmamodelflyingclub.bmfa.club/>
Completed application should be returned to membership secretary.