

CRFC Inc.



Christchurch Radio Fliers Club Inc.

APPLICATION FOR MEMBERSHIP

SURNAME _____

FIRST NAME _____ **Preferred name** _____

ADDRESS _____

_____ **Post code** _____

OCCUPATION _____

Phone no. _____ home _____ work

_____ cell _____ e mail

Previous Flying Experience _____

Present Club. _____ **Current NZMAA No.** _____

Previous Clubs & Dates of membership. _____

I will faithfully abide by the club rules.

I will, to the best of my ability, follow the directions of the Instructor, or the field duty Officer, and fly as diligently as I am able.

Signed: _____

Witnessed: _____ **Committee person.** **Date:** _____

Club use only. Committee Date. _____ **Approved / Declined. Senior / Junior / Family /Bulletin**

In accordance with the Privacy Act,1993; I authorize the Christchurch Radio Fliers Club (CRFC) Inc. to use such personal information as listed on the Membership Application form for the purpose of planning and promoting CRFC activities, communicating information to me concerning my membership responsibilities and / or listed interests, publishing competition results, mailing of the official club's official publication, providing general statistical information to approved organizations and any other lawful purpose relating to membership of the CRFC.

Full Name.-----

Signature.-----

Date -----/-----/-----