

**MEMBERSHIP APPLICATION FORM**

**SOUTH WALES SOARING ASSOCIATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| If applicant under 18 years of age, parent / legal guardian to complete below | | | |
| Name |  | Signed |  |
| SWSA does not accept any liability for any injury, loss or damage incurred by any club member or any persons. | | | |

**I AGREE TO FOLLOW THE BMFA SAFETY CODES AND JOIN THE SOUTH WALES SOARING ASSOCIATION**

There’s currently no fees to join the SWSA

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| BMFA FEES FOR 2018 | | | | | | |
| Ordinary Full Membership | | | | | | |
| Seniors | £34 | Juniors (under 18) | | £17 | | |
| Family Membership | | | | | | |
| Seniors | £34 | Partners | £23 | | Juniors | £13 |

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| --- | --- | --- | --- |
| BMFA Details (Please complete in BLOCK CAPITALS) | | | |
| BMFA Number |  | BMFA Club No. |  |
|  | | | |
| BMFA Achivements (BP, A, B, I, E) *(Please state Power or Silent Flight)* | | | |
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| BMFA Endorsements (FPV, C, G) *(Please state Power or Silent Flight)* | | | |
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| BMFA Affiliated club name & number if not SWSA | | | |
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| Personal Details (Please complete in BLOCK CAPITALS) | | | | | |
| Name |  | | DOB | |  |
|  | | | | | |
| Address |  | | | | |
|  |  | | | | |
|  | | | | | |
| Mobile No. |  | Home/Alt No. | |  | |
|  | | | | | |
| Email |  | | | | |
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