



Membership Application

APPLICANT INFORMATION			
Surname	First Name	Initial	Date
Street Address			
Town/City	County	Postcode	
Phone No	E-mail Address		
Are you a UK citizen? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over eighteen years of age? YES <input type="checkbox"/>	
Are you a : Student pilot <input type="checkbox"/>	PPL <input type="checkbox"/>	PPL/IMC <input type="checkbox"/>	PPL/IMC/NIGHT <input type="checkbox"/>
Do you own an aircraft? YES <input type="checkbox"/>	YES, a share <input type="checkbox"/>	NO <input type="checkbox"/>	
Aircraft type and reg?			
Next of kin?			
Is there anything else you'd like to include?			
REFERENCES			
<i>Please obtain two endorsements from current members</i>			
Full Name		Membership number	
Signed			
Full Name		Membership number	
Signed			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
I understand that admission to membership is entirely at the discretion of the Committee of Lancashire Aero Club.			
I agree that my details may be held on computer for the purposes of membership administration of Lancashire Aero Club.			
Signature			Date

When complete please return to The Secretary, PO Box 472, Sale, M33 0BU. Do not send any money at this stage.