**South Wales Radio Control Society**

Application for

If renewal, please enter your member numbers here.

**SWRCS BMFA**

Membership/Renewal

**How to Pay**

You can pay by cash or cheque.

Cheques can be made payable to:-

**The South Wales Radio Control Society**

and sent with the completed form to:-

Frank Watkins

S.W.R.C.S. Membership Secretary

23, Cherrywood Close

Cardiff

CF14 9DH

Tel (Mob) 07777 644358

I wish to apply for **membership / renewal of membership** (please delete as applicable) of the South Wales Radio Control Society, and if accepted, I agree to abide by the rules of the Society.

Please tick the box to receive your SWRCS newsletter in colour by email. (This will save our club much time and money)

**Name**

**Address**

**Post Code**

**Tel:**

**E-Mail**

Have you passed any of the following BMFA Certificates? Please answer Yes or No

 Fixed Wing ............

“A” Certificate

 Helicopter ............

 Fixed Wing ............

“B” Certificate

 Helicopter ............

If you already have 2018 BMFA membership, please enclose a photocopy of your BMFA card for proof of insurance

**Fees Enclosed**

**(Please see tariff on web site)**

**£ : p**

**Class of Membership**

(Please tick as appropriate)

Senior .......

Junior ....... DOB .................(If Under 18)

Associate .......

Life \* .......

**\***Would Life Members please indicate that they wish to fly this year by ticking the box above. If you are not flying it will save the club paying for insurance. If you change your mind later in the year please contact the Membership Secretary (below).

**Frequency of Radio Equipment**

27 Mhz Colour

(Solids Only) ...................

35 Mhz Channel

(Even No. Only) ...................

2.4Ghz (Yes/N o) ...................

**N.B.** Only ONE frequency per wave band is allowed. A change of frequency can ONLY be made by application to the membership secretary.

I agree that children (under 18) and vulnerable adults attending club activities must be accompanied by a responsible adult carer.

**Signature ................................. Date .......................**