

Sage I.D.

Aircraft Registration (if any)

Membership No.

Application Form accepted by



JERSEY AERO CLUB

CHANNEL ISLANDS AERO CLUB (JERSEY) LTD.

MEMBERSHIP APPLICATION FORM

Please complete in BLOCK CAPITALS in blue or black ink. Please enclose subscription with this application. Conditions on reverse.

TITLE	SURNAME	
FORENAMES		
ADDRESS		
	POST CODE	
OCCUPATION		
BUSINESS ADDRESS		
	POST CODE	
TELEPHONE (+CODE)	HOME	BUSINESS
		MOBILE
E-MAIL	FAX	
NATIONALITY	Date of Birth	
SIGNATURE	Date	

If under 18 years of age please provide GUARDIAN DECLARATION overleaf.

- Membership - Flying/Social
- Annual - Single / Joint*
- Overseas - Single / Joint*
- Temporary

If Joint insert name of spouse in BLOCKS

*Delete where not applicable

OFFICE USE		
		DATE
Amount Paid		
Cards Sent		
Letter Sent		
Direct Debit Form		
Constitution		

Applicants are to be advised that all information collected by the Jersey Aero Club is in accordance with relevant Data Protection Laws and will only be used for the purpose stated above. Information contained within the Jersey Aero Club database will only be issued to any person in the event of a) You ask us to, or b) Where we are placed under legal obligation to do so.

PROPOSER	SECONDER
Name	Name
Known applicant for how long	Known applicant for how long
Signature	Signature
Date	Date

SIGNATURE OF COMMITTEE MEMBER INTRODUCED TO THE APPLICANT

Signature Date of Committee Approval