

ANGLIAN FLIGHT CENTRES LTD

Earls Colne Airfield, Earls Colne Colchester, Essex, CO6 2NS Telephone: 01787 223676 Fax: 01787 223943 www.anglianflightcentres.co.uk



MEMBERSHIP FORM

Surname:		
Forenames:		
Address:		
Address:		
Date of Birth:		
Contact Numbers:	Home:	
	Mobile:	
	Work:	
Email Address:		
Next of Kin Name:		
Address:		
Contact Numbers:		-
Relationship to you:		
Type of Membership:	□ FULL	☐ MONTHLY
I hereby authorise that Anglian Flight Centres Ltd and Bulldog Aviation Ltd to hold the personal details that I have given below, or previously given, for the purpose of internal use relevant to my membership, training and/or parking of aircraft. I am happy to receive newsletters and other bulletins relevant to the activities of the organisation according to my preferences indicated below*: \[\begin{array}{c} \text{tick for personal info only} \end{array} \text{tick for personal info, newsletter, and bulletins} \end{array}		
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tick for personal info only	_	n, newsletter, and bulletins
tick for personal info only	_	
I hereby give permission for my det I declare that the ATO Manual has	☐ tick for personal info	YES NO of the date of this form. I will abide by
I hereby give permission for my det I declare that the ATO Manual has	tails to be passed onto Special Branch* been or will be read within 30 days o	YES NO of the date of this form. I will abide by
I hereby give permission for my det I declare that the ATO Manual has the requirements, procedures, rule	tails to be passed onto Special Branch* been or will be read within 30 days o	YES NO of the date of this form. I will abide by
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I hereby give permission for my der I declare that the ATO Manual has the requirements, procedures, rule Signed: Date: Witnessed by:	tails to be passed onto Special Branch* been or will be read within 30 days o es, and regulations of the ATO Manua	YES NO of the date of this form. I will abide by all and relevant statutory documents.
I hereby give permission for my detail I declare that the ATO Manual has the requirements, procedures, rule Signed: Date: Witnessed by:	tails to be passed onto Special Branch* s been or will be read within 30 days o es, and regulations of the ATO Manua r guardian if the applicant is under	The age of 18
I hereby give permission for my detail I declare that the ATO Manual has the requirements, procedures, rule Signed: Date: Witnessed by:	tails to be passed onto Special Branch* been or will be read within 30 days o es, and regulations of the ATO Manua	The age of 18
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Please make payments by bank transfer to the following account. Please use your initials and surname as reference.

Anglian Flight Centres Ltd | Account number 80989633 | Sort Code 40-51-62

^{*} It should be noted that we may be legally bound to share information with the police, CAA or associated authorities if enforced to do so.