



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

Membership is required by all pilots hiring or operating an aircraft that is based at Earls Colne Airfield

| | | | |
|-------------------------------------|-------|---------|--------|
| Full Name: | | | |
| Address: | | | |
| Date of Birth: | | | |
| Contact Numbers: | Home: | Mobile: | Other: |
| Email Address: | | | |
| Next of Kin Name: | | | |
| Next of Kin Address: | | | |
| Next of Kin Contact Numbers: | | | |

| | | |
|---|--|---|
| Type of Membership: <i>(tick all that apply)</i> | <input type="checkbox"/> FULL <input type="checkbox"/> PPL STUDENT <input type="checkbox"/> PPL LICENCE HOLDER | <input type="checkbox"/> TEMPORARY <input type="checkbox"/> LAPL STUDENT <input type="checkbox"/> LAPL LICENCE HOLDER |
| <p>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*:</p> <p> <input type="checkbox"/> tick for personal info only <input type="checkbox"/> tick for personal info, newsletter, and bulletins </p> <p><i>It should be noted that we may be legally bound to share information with OFFICIAL authorities if enforced to do so</i></p> | | |
| <p>I declare that Section 2 of the ATO Manual (available via Flight Smart) will be read within 30 days of the date of this form. I will abide by the requirements, procedures, rules, and regulations of the ATO Manual, the AIP and/or the airfield manual for Earls Colne Airfield, and relevant statutory documents.</p> | | |
| Signature: | | Date: |

| | | |
|--|--|-------|
| To be completed by a parent or guardian if the applicant is under the age of 18 | | |
| Parent/Guardian Name: | | |
| Address: | | |
| Parent / Guardian Signature: | | Date: |

| | | |
|-------------------------------------|------------|------------|
| For AFC Office Use Only | | |
| Invoice Number: | | Date Paid: |
| Details Entered on Flight Smart By: | Signature: | Date: |