

CHILTERN REGION BBAC

MEMBERSHIP APPLICATION FORM



NAME

BBAC MEMBERSHIP YES/NO
MEMBER NUMBER

CRBBAC No.
(FOR ADMIN USE)

ADDRESS

TELEPHONE/E-MAIL

HOUSE NAME/No.

HOME

STREET

WORK

MOBILE

TOWN

HOME E-MAIL

COUNTY

WORK E-MAIL

POST CODE

DO YOU WISH TO RECEIVE CROWNLINER BY
E-MAIL? YES/NO AT: WORK/HOME

BALLOONING DETAILS

PILOT UNDER TRAINING
YES/NO

LICENCES HELD

BALLOONS OWNED/OPERATED

WILLING TO CREW? YES/NO AVAILABLE TO CREW? WEEK DAYS/WEKENDS/BOTH
CAR AVAILABLE FOR RETRIEVE? YES/NO (VAN / 4WD) DRIVER? YES/NO OWN TRANSPORT? YES/NO

I wish to be enrolled as a member of Chiltern Region BBAC. I agree to abide by the rules of the constitution of the CRBBAC and to exempt the club from liability for any losses or injury, which may be sustained to me during the course of its activities. I have no objection to the data relating to me being held by the CRBBAC on computer files for the purpose of distribution of articles, Crowline and information, and for the production of a membership directory to be circulated amongst the members of CRBBAC. I consent to the disclosure of this data as set out in the data protection act 1998.

Membership subscriptions are for one year, due on 1st April. Cheques should be made payable to "CRBBAC"

Single Subscription £12 (persons over 16 years of age)

Family £22 (incl. children 16 or under)

Signed _____

Date _____

Please return completed forms with payment to: CRBBAC, 5 Alexander Court, Irchester, Northants, NN29 7EL