

CHELMSFORD MODEL FLYING ASSOCIATION

### MEMBERSHIP FORM

FULL NAME

Date of Birth

ADDRESS

POSTCODE

TEL

Mob

e-mail

Car Reg. No

CMFA No.

BMFA No.

PLEASE COMPLETE THE FOLLOWING:

I wish to join/renew membership of the BMFA through CMFA (Including 'drone registration')

YES/NO

I confirm I have read and understood the CAA Privacy Notice relating to registration with the CAA and agree to the BMFA providing my Name, address, date of birth and email address (if applicable) to the CAA as part of the process. (The CAA Privacy Notice can be viewed at <u>https://register-</u> <u>drones.caa.co.uk/privacy-notice</u>) YES/NO

I will make/have made my own arrangements to join the BMFA and comply with the Drone Registration Scheme YES/NO

MAIN INTEREST	PLEASE TICK ONE ONLY
Radio Power	
Radio Glider	
Helicopter	
Electric	
Free Flight	
Control line	

**BMFA** Certificates held

	А	В	Ex
Fixed Wing Power			
Glider			
Helicopter			
Silent Flight Electric			

## **General Data Protection Regulations (GDPR)**

According to advice from the BMFA, because you pay a membership fee, in return for which the Club provides certain services, this forms a contractual arrangement and, under the regulations, the Club has the right to contact you regarding matters of club business. Should the Club wish to contact you regarding other matters e.g. a table top sale at another club, you have the right to elect to decline to receive such notifications. The spirit of the regulations requires us to assume that you do not wish to receive such communications unless positively notified otherwise.

The GDPR also requires CMFA to have a Privacy Policy, to explain what information is collected and how it is used. Our Privacy Policy is available on the CMFA website – <u>http://www.cmfa.org.uk/CMFA%20%20Club%20Privacy%20Notice.docx</u>

## I am willing to be contacted regarding non-club matters.

Yes/No

# I give permission for the Club Secretary to update and maintain my information on the 'GoMembership' section of the BMFA Website

Yes/No

Declaration

I agree to be bound by the current rules of the Association, and that the details above may be held on the Association's database.

#### Signature

Date

Please Complete Details Below					
Membership Type		Amount	Amount paid		
Full inc. BMFA		Cash			
Full exc. BMFA		Cheque			
Full inc. Family		Cheque Number			
Junior		Notes			
Honorary		Direct Transfer			