

# ANGLIAN FLIGHT CENTRES LTD

Earls Colne Airfield, Earls Colne, Colchester, Essex, CO6 2NS.  
Telephone: 01787 223676. Fax: 01787 223943  
[www.anglianflightcentres.co.uk](http://www.anglianflightcentres.co.uk)

## Application for Membership

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_

### Contact Numbers

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Next of Kin

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

***I hereby apply for membership of Anglian Flight Centres Ltd in the following category***

***Full Flying / Monthly***

I declare that on my being admitted to membership, I will at all times abide by the club rules, airfield and flying regulations. I have read and signed my acceptance of the Anglian Flight Centres Manual.

\* I intend to hire AFC aircraft, I and accept that a compulsory excess insurance premium may be levied annually as required (\* delete if you are a private owner only flying your own aircraft)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

**I hereby give my permission for my details to be passed on to Special Branch**

**Yes / No**

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This section is to be completed by a parent or guardian of an applicant who is under the age of 18.

I \_\_\_\_\_

Of \_\_\_\_\_

I hereby declare that I am the parent/guardian of the applicant and the application is made with my full consent.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_