

Milton Keynes Model Boat Club

MEMBERSHIP APPLICATION FORM

Please Print In Block Capitals			
Title: Mr/ Mrs/ Miss/	Ms/ Other	Surname	
Forename		Initials	
Address:			
			Post Code:
Telephone (Home)		Mobile	
Email Address:			** Optional **
Age and date of birth (If	under 18years)		
Full Membership	Junior Membership		
and *.	Il Membership including lake pod Club insurance Junior Membership including lad Club insurance		Tick This Box To Receive All Club Mail By Email. If you have ficked the box make sure you have given us your Email Address.
*Date of birth required	d:/		Email can save the club and its members postage charges
Our preferred payment is with BACS Sort code 40-12-19 A/c number 41444859. Cheques to be made payable to M.K.M.B.C and the remittance sent with this form to the Secretary: Mr. C. A. Atkinson, 11 Stour Close, Newport Pagnel, Bucks, MK16 9DZ. Tel.01908 614267. Mobile 07738 379151. Email: cecil.atkinson@sky.com			
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Young Children and Vulnerable Persons Act The Club does not maintain appropriately trained, vetted and approved persons, as required by the relevant legislation, for the supervision of children and vulnerable adults and is unable to accept any such individual into its care at any time.			
A parent, Guardian or other person consenting to that role under the instruction of the legal Parent/Guardian, must always accompany Junior Members below the age of 16 years and vulnerable adults to Club premises and at Club events.			
I have read and agree to the above condition regarding Young Children and Vulnerable Persons.			
the rules require. I agree Club or its assets. Copic Secretary. I also g	lertake to be bound by the Rules e not to seek financial gain from es of the rules are given to all no ive permission for my email add ed, confirm the above details are Milton Keynes Mod	n the Club and neither acc ew members and are avai dress to be used for club of	cept nor receive profit from the lable on request from the Club communications with me.
Signed	Full Name		Date