

## Milton Keynes Model Boat Club

## MEMBERSHIP APPLICATION FORM

Please Print In Block Capi	tals		
Title: Mr/ Mrs/ Mis	s/ 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		
:	Full Membership including lake per and Club insurance *Junior Membership including la and Club insurance  red:/		Tick This Box To Receive All Club Mail By Email. If you have ticked the box make sure you have given us your Email Address. Email can save the club and its members postage charges
Our preferred payment method is BACS Contact Cecil or Paul for Bank details Cheques to be made payable to Milton Keynes Model Boat Club and sent with this form to the Secretary: Mr. C. A. Atkinson, 11 Stour Close, Newport Pagnell, Bucks, MK16 9DZ. Tel.01908 614267. Mobile 07738 379151. Email: <a href="mailto:cecil.atkinson@sky.com">cecil.atkinson@sky.com</a>			
Young Children and Vulnerable Persons Act			
	nintain appropriately trained, vette pervision of children and vulnerab ne.		
	r other person consenting to that ro any Junior Members below the age		
I have read and agree to the above condition regarding Young Children and Vulnerable Persons.			
I, The undersigned confirm the above details are correct and hereby apply for membership of the Milton Keynes Model Boat Club. I undertake to be bound by the Rules of the Club, and to pay such fees and subscriptions as the rules require. I agree not to seek financial gain from the Club and neither accept nor receive profit from the Club or its assets. Copies of the rules are given to all new members and are available on request from the Club Secretary they are also downloadable from the website. I also give permission for my email address to be used for club communications with me.			
Signed	Full Name		Date