



The Redbank Summerholm Silent Flyers

Membership Application

Name (last) _____

Name (first and middle initial) _____

Address _____ Post code _____

Telephone number (land line) _____

Telephone number (mobile) _____

E-mail (not compulsory) _____

1. Preferred radio frequencies (1st choice) _____ (second choice) _____

I wish to be a member of the RSSF and by joining agree to observe all of the directions and safety guidelines of the club.

Signature _____

Date _____

VH Number _____ (if applicable)

Date of birth _____

Membership Status: Full Associate Junior Pensioner

Name of previous club (if applicable) _____

(over)

