Membership Application Form
The British Balloon & Airship Club

Name _____

Address _____

_____

_____

_____

_____

Post Code _____

Country (If Not UK) _____

Telephone No _____

Joint Members.
(Other member(s) at same address, shared copy of Aerostat)

_____

_____

_____

E-Mail address _____

Have you been a member of this club before? **YES/NO**	Are you a pilot under training ? **YES/NO**
	Do you have a private balloon pilots licence ? **YES/NO**
If yes, membership number (if known)_____	Do you have a commercial balloon pilots licence ? **YES/NO**

Subscription Rates (from 1st October 2009)

Month of Joining	October November	December January	February March	April May	June July	August September
Joining Fee	**£10.00**	**£10.00**	**£10.00**	**£10.00**	**£10.00**	**£10.00**
Full UK Membership	**£35.00**	**£30.00**	**£24.50**	**£19.00**	**£14.00**	**£ 8.50**
Full European Membership	**£42.00**	**£35.50**	**£29.00**	**£22.50**	**£16.00**	**£ 9.50**
Full Overseas Membership	**£55.00**	**£47.00**	**£38.00**	**£29.00**	**£21.00**	**£12.00**
Extra Joint Membership, and Student Club Rate (club must have one Full member)	**£ 3.00**	**£ 3.00**	**£ 3.00**	**£ 3.00**	**£ 3.00**	**£ 3.00**

(New members need to pay £10-00 joining fee and subscription)

Please make cheques payable to "BBAC" **(Payment must be in UK Currency, drawn on a UK bank)**
Alternatively, you may pay by credit card; the Club accepts MasterCard, Visa and Maestro Cards.

I/We hereby apply for membership of The British Balloon & Airship Club.
I/We understand that if I/We are accepted as member(s), I/We also become member(s) of The British Balloon & Airship Club Limited.
I/We agree to contribute a maximum of £1-00 to the company if so required. On becoming a member, I/We agree to abide by the rules & constitution of The British Balloon & Airship Club.
I/We also understand that details given on this form will be stored on the BBAC's computerised membership list.
Applicants should indicate any objection to this, and should be aware that such objections will delay mailing of Aerostat etc.

Signed_____ Date_____

Credit Card Payments

Please debit my MasterCard/Visa/Maestro Account No

Issue Number ☐

Validation Code ☐

Valid From ☐☐☐☐

Expiry date ☐☐☐☐

Name of account holder on card _____

Signed _____

Please return form to: -

Andy Caie, BBAC Membership Secretary, 7 Llewellyn Road, Penllergaer, Swansea, SA4 9BB, United Kingdom.
Tel +44 (0)1792 899777, E-mail membership@bbac.org