



APPLICATION FOR MEMBERSHIP

Surname:
First name(s):
Preferred Name/Nickname:
Title:

Home Address:
.....

Tel No: Mobile:.....

Home e-mail address:
.....

Work e-mail address:
.....

Historic aircraft type(s) you currently own or operate:
.....
.....
.....

I apply for membership of Classic Wings of Belgium. I agree to abide by the Rules & Regulations.

Signature:..... Date.....

Please return this application form by e-mail to info@classic-wings.be, or by snail mail to the Membership Secretary: Koen Staut, Voortstraat 38, 3560 Lummen, Belgium