

CHESAPEAKE FLYERS RC CLUB

Application for Membership

Name: _____ AMA #: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-mail: _____

All new applicants shall join as students. An Instructor or Check Pilot shall certify pilots.

Current membership in the AMA is a requirement for membership. Applicants will be approved by the CFRCC Executive Counsel. Once approved your valid AMA card must be presented with this application and dues payment.

ANNUAL MEMBERSHIP DUES

Dues are payable upon joining. The membership year runs from April 1st through April 1st. Dues are \$99.00. Please select one of the following membership types:

- \$99.00 - Adult 18.
- \$10.00 - Each additional Family Member

Make check or money order payable to **Chesapeake Flyers** or cash.

Applicant's Statement:

I am a current member of the Academy of Model Aeronautics and an applicant for membership in Chesapeake Flyers. I hereby agree to abide by all AMA and Chesapeake Flyers safety, working, and field regulations as outlined in the current AMA membership manual, Chesapeake Flyers By-Laws, and flying site agreements.

Signature of Applicant: _____

Date: _____