

Membership Application
Statesville Fliers Radio Control Club

Date: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____
(Please indicate your primary phone number)

E-mail: _____

AMA Number (required): _____

Name of Family Applicant (a): _____

AMA Number of Family Applicant (a): _____

Name of Family Applicant (b): _____

AMA Number of Family Applicant (b): _____

Dues: \$100 per year, \$101 per family, or \$1 per youth under 19 as of July 1st

- a) Dues shall be received in the amount of 100 dollars per year per Member or 101 dollars per year per Family payable at the January meeting.
- b) Family Members must be a spouse or a dependent youth(s) 19 years and under as of July 1st of the applicable year and reside at the same address as the primary Member.
- c) Dues for a Youth Member, under 19 as of July 1st of the applicable year, who is not a Family Member of a current club member is One (1) dollar.
- d) New members who join between January 1st and June 30th shall pay full dues for the current calendar year. New members who join between July 1st and September 30th shall pay half of full dues for the current year. New members who join on October 1st or later shall pay full dues, which will include dues for the current year and dues for the subsequent year.

Make checks payable to Statesville Fliers RC Club and send to:

Randall Stutts
104 Live Oak Lane
 Mooresville, NC 28115

I agree to comply with the AMA safety code (available on reverse side of AMA application form) and the Flying Rules of the Statesville Fliers Radio Control Club.

Signature of Applicant (required): _____

Signature of Family Applicant (a): _____

Signature of Family Applicant (b): _____