

SOUTH BEND RADIO CONTROL CLUB, INC #504

Membership Application for the year of: **2022**



APPLICANT INFORMATION		
Last Name:	First:	M.I.
Street Address:	Apartment/Unit #	
City:	State:	ZIP:
Home Phone:	E-mail Address:	
Cell Phone:	Date of Birth:	AMA Number:
If you are a spouse or immediate family member, state your relationship:		
Do you wish to learn to fly an RC Aircraft? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you an RC Aircraft Pilot? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a trainer aircraft ready to fly? YES <input type="checkbox"/> NO <input type="checkbox"/> Approximate years of flying RC flying experience:		
<input type="checkbox"/> Please update my information as my email, phone or address has changed (applies to renewing members).		
MEMBERSHIP TYPE : NEW / REGULAR / RENEWING MEMBER		
New / Regular / Renewing	<input type="checkbox"/> 1 year \$60 <input type="checkbox"/> 2 years \$120	AMA Membership Required. Can only join/renew for 2 years IF your AMA is valid for both years – no exceptions.
MEMBERSHIP TYPE : STUDENT / SPOUSE / IMMEDIATE FAMILY MEMBER		
Student:	<input type="checkbox"/> 1 year \$15	AMA Membership Required. Full time student not over 23 years of age.
Spouse or Immediate Family member:	<input type="checkbox"/> 1 year	AMA Membership Required. Regular Member's Spouse and/or immediate family members, 18 years and under, may fly without paying SBRC Dues.
SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.		
The <u>By-Laws</u> and the <u>Pilot and Flight/Field Rules</u> of the South Bend Radio Control Club, Inc. are either printed on the reverse, included as a separate document, or available online at www.southbendrc.org . Read them and then continue.		
I have read and will uphold the SBRC <u>By-Laws</u> and <u>Pilot and Flight/Field Rules</u>. Additionally, I will fly in accordance with the current AMA National Model Aircraft Safety Handbook.		
(If submitting by mail, you must include a photo copy of your valid AMA card)		
Signature	Date	