

AirMasters Membership Application

Membership Type (circle one) New Membership Renewal Membership

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Number: _____ Mobile Phone: _____

E-mail: _____

AMA Number (if new state "new"). _____

You will be contacted to provide a copy of your temporary receipt to the membership officer:

Flying Experience (circle one): Beginner Intermediate Experienced

Additional Comments:

*Signature: _____

I have read and agree to the club bylaws and pit rules. *

Dues are \$75 adult / \$25 Junior per year payable by April 1. Junior members must have parental guardian signature. **Mail your completed application and payment to Steve Haffey, 1107 Betty Lane, Cincinnati OH 45238.** Please note in the memo line "Membership Dues". Upon receipt the membership director will be notified of your application and payment. **PAYMENTS MADE PAYABLE TO "AIRMASTERS RC CLUB.**