AirMasters Membership Application

Membership Type (circle one)	New Membe	ership	Junior Membership
	Renewal Me	mbership	Student Membership
First Name:	_Last Name		D.O.B
Address:			
City:	State:		Zip:
Home or Cell Phone Number:_			
Emergency Contact Number:			
E-mail			
AMA Number:			
If new you will be contacted to membership officer:	provide a copy o	f your tempora	ry Receipt to the
Flying Experience (circle one)	Beginner	Intermediate	Experienced
Additional Comments:			
*Signature:			
I have read and agree to the clul	bylaws and pit	rules.*	

Dues are \$75.00 **Adult** \$25.00 **Junior/Student** per year payable by January 1. **Junior** members must have parental guardian signature. Mail your completed application and payment to treasurer - **Larry Wessels, 1372 Wexford Ln., Cincinnati, OH 45233.** Please note in the memo line "Membership Dues". Upon receipt the membership director will be notified of your application and payment. **MAKE PAYMENTS PAYABLE TO "AIRMASTERS RC CLUB"**