SANILAC MODEL AVIATION CLUB
APPLICATION FOR MEMBERSHIP

NAME _____
(LAST) **(FIRST)** **(INIT.)**

ADDRESS _____
(NUMBER AND STREET) **(CITY/STATE)** **(ZIP)**

PHONE _____(_____)_____ **SPOUSE'S NAME**_____

E-MAIL ADDRESS _____

ARE YOU A MEMBER OF AMA? _____

AMA NUMBER_____

DO YOU OWN R/C EQUIPMENT?_____

IF SO, WHAT FREQUENCIES? _____

IF FLYING AT ARNOLD'S AIRPORT ANY TIME, I WILL HAVE A SPOTTER PRESENT FOR SAFETY REASONS.

AGREEMENT: _____
(Signature) **(Date)**

OFFICE USE ONLY

Date accepted _____

Initiation fee: Date paid _____ **Amount**_____

Assessment fee: Date paid _____ **Amount** _____

Rev. A 4-10-05