Victor Valley RC Flyers

APPLICATION FOR MEMBERSHIP

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Phone: (_____) _____ Date of Birth: _____

Spouse's name: _____

A.M.A. NUMBER: _____ E-MAIL ADDRESS: _____

RENEWAL: ____ NEW MEMBER: ____ E-MAIL NEWSLETTER ? YES ___ NO ___

_____ $ 50.00 INITIATION FEE (ONE PER FAMILY)

_____ $ 75.00 ANNUAL MEMBERSHIP DUES

_____ $ 85.00 FAMILY MEMBERSHIP (MUST LIVE IN SAME HOUSEHOLD: PLEASE LIST BELOW)

Name: _____ DOB _____ AMA # _____

Name: _____ DOB _____ AMA # _____

Name: _____ DOB _____ AMA # _____

DO YOU REQUEST FLIGHT TRAINING? YES ___ NO ___

I understand that AMA membership is required for flying members.

I agree to abide by the A.M.A. Safety Code and by the VVRCF rules as posted at the flying site. I understand that failure to comply with the above rules could lead to the loss of my flying privileges at the site.

APPLICANT'S SIGNATURE: _____ DATE: _____

Junior members 18 years of age or younger must be accompanied by a parent or legal guardian or an adult authorized in writing by the parent or legal guardian while at the flying site.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

Please send the completed application with payment to:

Victor Valley RC Flyers
P.O. Box 402271
Hesperia, CA 92340