

MAUI RC MODELERS



P. O. Box 715

PUUNENE, HI 96784

MEMBERSHIP APPLICATION

DATE ____ / ____ / ____

Full Membership, (AMA Required) includes non flying spouse/mate - \$50.00 / year (\$25.00 after July 01)

Full Membership, Two Adults same family (2 AMA's Required) - \$75.00 / year (\$40.00 after July 01)

Full Membership, (AMA Required) part-time resident on island less than 100 days a year - \$25.00 / year

Full Membership, (AMA Required) less than 18 years old - \$10.00 / year (\$7.00 after July 01)

Full Membership, non-flyer - \$25.00 / year (\$15.00 after July 01)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS: STREET / PO BOX _____

CITY _____ STATE _____

ZIP CODE _____ EMAIL _____

HOME PHONE NO. _____ WORK PHONE NO. _____

RADIO CHANNEL: PRIMARY _____ SECONDARY _____

CHECK ONE: EXPERIENCED RC FLYER () NOVICE ASSISTANCE REQUIRED ()

ATTACH COPY OF YOUR AMA CARD VALID FOR THE YEAR SHOWN ABOVE

OR

VERIFICATION OF AMA BY: _____

AMA NO. _____

I WILL ABIDE BY THE A.M.A. SAFETY CODE, THE MRCM CONSTITUTION, BYLAWS AND REGULATIONS. I WILL KEEP MYSELF APPRAISED OF PUBLISHED CHANGES TO THE PRECEDING. I AM WILLING TO SERVE ON AT LEAST ONE OF THE FOLLOWING BUT PREFER THE ONE(S) MARKED.

- | | | |
|--|--|--|
| (<input type="checkbox"/>) FLYING EVENTS | (<input type="checkbox"/>) CLUB OFFICER | (<input type="checkbox"/>) AIR SHOWS |
| (<input type="checkbox"/>) FIELD MAINTENANCE | (<input type="checkbox"/>) NEWSLETTER | (<input type="checkbox"/>) FLIGHT INSTRUCTOR |
| (<input type="checkbox"/>) PHOTOGRAPHER | (<input type="checkbox"/>) PHONE COMMITTEE | (<input type="checkbox"/>) HISTORIAN |

SIGNATURE _____