## **MAUI RC MODELERS**

## P.O. Box 715 - Pu'unene, HI 96784 MEMBERSHIP APPLICATION

<ul><li>☐ Full Youth Member</li><li>☐ Non-Flyer Member</li></ul>	\$100.00/Year or 2 adults in same family rship (Under 18) - \$25/Ye	y - \$150/Year	
LAST NAME:	FIRST NAM	IE:	
MAILING ADDRESS: ST	REET / PO BOX		
CITY:	STATE:	_ ZIP:	
EMAIL ADDRESS:			
HOME PHONE:	CELL PHON	NE:	
CHECK:   EXPERIENCED R  NOVICE RC PILO	C PILOT T (ASSISTANCE REQUI	RED)	
		FOR THE YEAR SHOWN AMA NO	_
*ATTACH A COPY OF YOUR FAA CARD VALID FOR THE YEAR SHOWN ABOVE OR VERIFICATION OF FAA BY: FAA NO			
BYLAWS, AND REGULA	TIONS. I WILL KEEP M' DCEDING. I AM WILLING	HE MRCM CONSTITUTIO YSELF APPRAISED OF P G TO SERVE ON AT LEAS ARKED.	UBLISHED
	E () FLIGHT INSTRUC	IR SHOWS () NEWSLE CTOR () PHOTOGRAPH	
SIGNATURE: Rev. May 1st, 2024			

## <u>Please read and sign the following Waiver.</u> <u>Applications without signature will be returned.</u>

Note: This waiver means if I am involved in any claim or suit, I will not sue the Maui RC Modelers Club or AMA Inc. I understand that this waiver does not affect my liability insurance coverage.

"I agree to comply with the AMA Safety Code for all applicable model operations. I understand that my failure to comply with the Flying Site Safety and Operations Rules and Safety code may endanger my liability coverage for any damages or claims so caused. I further understand that written notice of the occurrence of any incident must be immediately provided. I am aware that modeling may present hazards to participants and spectators. I exempt, waive, and relieve the Academy of Model Aeronautics, Incorporated (AMA) and the Maui RC Modelers Club from all current or future liability for personal injury, property damage, or wrongful death caused by negligence."

Print Name of Applicant:	
Signature of Applicant:	
Date:	
Signature of Parent/Guardian:	