



Application for Membership (rev. 12-12)

Bartholomew County R/C Fliers

AMA Charter 4779



www.bcrclifiers.org

www.modelaircraft.org

(Please print)

| | | |
|---|--------------------------|----------------------------------|
| Primary Applicant _____ DOB _____ | AMA Number _____ | AMA Mem. Category** _____ |
| Spouse, or 2nd Applicant _____ DOB* _____ | AMA Number* _____ | AMA Mem. Category** _____ |
| Son or Daughter* _____ DOB* _____ | AMA Number* _____ | AMA Mem. Category** _____ |

* Complete these areas if they are joining the Club. If you need more space, please use a separate sheet.
 ** Your AMA Member Category is printed on your AMA Membership Card. It will be: "ADULT, ADULT SENIOR or YOUTH".

MAILING ADDRESS & CONTACT INFORMATION:

Street _____ Preferred Phone _____

City _____ State _____ Can phone receive texts? Yes No

Zip _____ **E-Mail** _____

| | |
|---|--|
| <p style="text-align: center;">PLEASE RATE YOUR FLYING ABILITY</p> <p><input type="checkbox"/> No Experience (But I want to learn.)</p> <p><input type="checkbox"/> Novice (I need assistance when flying.)</p> <p><input type="checkbox"/> Intermediate (I can fly solo with no problem.)</p> <p><input type="checkbox"/> I don't want to Brag, but. . . .</p> <p><input type="checkbox"/> Willing to Buddy-Box Beginners with my Airplane.</p> | <p style="text-align: center;">AREAS OF INTEREST (check all that apply)</p> <p><input type="checkbox"/> Sport <input type="checkbox"/> Pattern <input type="checkbox"/> Scale <input type="checkbox"/> Giant Scale</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Indoor Electric <input type="checkbox"/> Soaring <input type="checkbox"/> Racing</p> <p><input type="checkbox"/> Helicopter <input type="checkbox"/> Quad or Hexcopter <input type="checkbox"/> Control Line</p> |
|---|--|

CLUB MEMBERSHIP & ANNUAL DUES

'ADULT' or 'YOUTH' AMA Membership is required of each Member

AMA Park Pilot Memberships do not Qualify

Please Check ONE of 3 Membership Categories:

| | |
|--|----------------|
| <input type="checkbox"/> ADULT or ADULT SENIOR (Primary Applicant only) | \$50.00 |
| <input type="checkbox"/> ASSOCIATE (1 ADULT or ADULT SENIOR, Non-Flying) | \$40.00 |
| <input type="checkbox"/> YOUTH (Primary Applicant only) | FREE |

OR, FOR FAMILY MEMBERSHIP, PLEASE CHECK ONE OF THESE 2:
(All Members must reside in the household of the Primary Applicant.)

| | |
|---|----------------|
| <input type="checkbox"/> ADULT or ADULT SENIOR Applicant plus YOUTH(S). | \$50.00 |
| <input type="checkbox"/> ADULT or ADULT SENIOR Applicant and 2nd ADULT or ADULT SENIOR Applicant, plus any YOUTH(S) | \$75.00 |

AMOUNT SUBMITTED: \$ _____

MAKE CHECK PAYABLE TO:
Bartholomew County R/C Fliers

SEND TO:
Mike Bealmear
2990 S 130 W
Columbus, IN 47201

Note: Your dues payment covers the cost of your Club Membership between the date you join the Club and December 31.

> If the date you join the Club is August 1 through September 30, your payment is 50% of the annual Club dues amount.

> If the date you join the Club is October 1 through December 31, your payment is the full annual Club dues amount, which covers the cost of your Club Membership through December 31 of the following year.

> Each ADULT, Assoc., or Family Membership includes one key to the Club Flying Site gate. Please don't loan your key to others.
 > Replacements for lost keys cost \$5.00.

By signing this application, you agree to abide by the bylaws, regulations, and rules of the Bartholomew County R/C Fliers and the Academy of Model Aeronautics.

Primary Applicant Signature _____ **Date** _____