

EUTAWVILLE FLIERS

MEMBERSHIP APPLICATION

Date _____

Name: _____ Spouse: _____

Address: _____ Zip: _____

Phone: _____ eMail _____

Occupation: _____

Age _____ AMA# _____ IMAA# _____

Previous R/C Club Affiliations _____

Sponsor: _____

Check here if new to hobby _____ Number of years experience _____

AMA Qualifications: _____

Club Offices Held: _____

By signing below you agree to abide by the Eutawville Flying Club By-Laws and any subsequent rules established by the Club. Members are encouraged to attend monthly meeting and participate in Club functions. Annual dues must be paid to the Club Treasurer NO LATER than February 28.

Signature: _____

Eutawville Flying Club By-Laws and Membership Roster will be furnished. Please feel free to contact any member for information and/or help regarding club activities or in building or flying your airplane.

By majority vote this _____ day of _____, 20____, this applicant has been accepted into the Eutawville Flying Club as a member in good standing.

Signature Club President