



Application Membership Information (Please print)

Date _____

Name _____

Address _____

Phone _____

Email _____

AMA _____

Sponsor _____

Years flying _____

Instructor _____

All members are required to have AMA insurance. All members must obey all Eutawville field and club rules. All rules are available at www.eutawville fliers.org.

Annual dues are \$150 per year and there is a one time initiation fee of \$50. Dues are to be paid by Dec 31. If dues are not received by Jan 31, your membership is terminated.

Prorated dues are monthly at a rate of \$12.50 per month.

Make checks payable to Eutawville Fliers Inc. Mail to:

Eutawville Fliers, Inc.
C/O Bob Love, Treasurer
318 Knott Dr
Eutawville, SC 29048

Return the application to:

Gene Guthan
1090 Moultrie Dr
Santee, SC 29142

By signing below you agree to abide by the AMA Safety Code and Eutawville by-laws and club operating rules which are available on the club web site.

Signature _____