CSRA	AMA CHARTER C	
Mail to club treasurer: Jim Strattor	n, 2105 Red Maple Trac	ce, Evans, GA 30809
Last Name	First Name	
Address		_ City
State Zip		
Phone: Cell	Home:	Date of Birth
AMA #		
Employer		
E-Mail		-
How many years flying?	_Have you soloed? _	
Check Interests:		
R/CControl LineFre	e FlightHelicop	oterScale
Pattern Sport Flying	BDFPV	_ Gyrocopter
Do you need help? Selecting a mo	odel/equipment	_ learning to fly
Please list all of your R/C frequen	cies:	

Membership Requirements:

1. Applicants must present proof of AMA membership at time of application.

2. Members will assist with at least (1) non flying activity or task per year, which are deemed necessary by the club.

These may consist of: Mowing, trimming, painting, assisting at annual air show, clean-up/field maintenance, etc.

3. All members must abide by all AMA and club safety regulations, rules, policies and procedures. Failure to do so may result in membership termination.

MEMBERSHIP DUES AND FEES: (Payable at time of application)

Annual Dues:	
Junior (under 19 years before July 1st)	\$10.00
Open (over 19 years before July 1st)	\$50.00
Family	\$80.00
Four Year Open	\$250.00

DECLARATION:

I hereby declare that I have read and understand the CSRA FLYERS Radio Control Modelers membership requirements stated above. I further declare that I received a copy of the CSRA FLYERS Radio Control Modelers flying field rules, procedures, and by laws. I have read and understand them, and agree to abide by them. I also understand that failure to fulfill the membership requirements or violation of flying field rules or procedures may result in temporary or permanent suspension from the CSRA FLYERS Radio Control Modelers.

Applicant's Signature:		Date:	
Officer's Signature:		Date:	
Dues/Fees Amount Paid \$	Cash: Y/N	Check #	

Home Field 1199 Horseshoe Road, Augusta, Ga 30906

www.csraflyers.wix.com

csraflyers@gmail.com