

R/C Eagles Membership Form

First Name: _____ Last Name: _____

Address1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: Day: () _____ - _____ Night: () _____ - _____

Email: _____@_____ (required to receive the newsletter)

In case of Emergency Contact: _____ ICE Phone: () _____ - _____

AMA #: _____ Date of Birth: ____/____/____

Spouses Name: _____

Recommended By: _____

For Family Memberships Please Give Children's/ Spouse's Names, AMA numbers and Date of Birth:

Family 1 Name: _____ AMA #: _____ Date of Birth: ____/____/____

Family 2 Name: _____ AMA #: _____ Date of Birth: ____/____/____

Family 3 Name: _____ AMA #: _____ Date of Birth: ____/____/____

Dues Schedule:

Individual: \$40.00 Family: \$40.00 + \$10.00/each additional flyer Youth (Under 18): \$10.00

New Member Initiation Fee: \$15.00 (No additional initiation fee for family members)

Note: Only one member in family has voting privileges.

Members joining after Sept. 30 are also covered for following year.

I have read and agree to follow all rules and by-laws of the RC Eagles Organization.

Signature of head of family: _____

Secretary's & Treasurer's Use Only

Dues Paid: \$ _____ Date: ____/____/____ Check #: _____ Cash: ()

AMA Verified: Member: () Additional Family Members: ()