

MEMBERSHIP APPLICATION

Name		Birth Date	
First	Last	M.I.	
Address			
Street	City	State	Zip
Telephone ()		Spouse's First Name	
Academy of Model Aerona	autics (AMA) License #_		
Email Address			(for Club use only)
Please give a brief resume and how long you have be			
List any Alabaster R/C Me	mbers you may know or	how you heard about u	s.
What types of R/C equipm	ient do you own or wha	t are you interested in. (planes, helicopters, etc)
I have read and will follow Failure to abide by all the		·	•
Signed:			
		For Club Use Only	,
Dates of Meetings Attende	ed	Dat	e Inducted into Club
Club Officer's Signature			