

Lehigh Valley Radio Control Society

www.LVRCS.com

Membership Application and Agreement

Date of Application ___/___/___

Applicant is applying as an: Open(____) (18yrs. & older) or Junior(____) (Less the 18 Yrs.)

Legal Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Cell Phone (_____) _____

E-Mail _____ @ _____

If applicant is a Junior, please complete the following:

Parent or Legal Guardian

Name _____

Address _____

Telephone Number _____

E-Mail: _____ @ _____

Applicant AMA Number:** _____

**To become a member of the LVRCS, you must be a member of the Academy of Model Aeronautics (AMA). Please see a club officer for an application form or go to the AMA web site:

www.modelaircraft.org

An applicant wishing to become a member of LVRCS is required to (1) Complete this Application, (2) Have a current AMA Membership (certified by an LVRCS OFFICER) (3) A Check or Cash for the Initiation Fee of \$10.00, and (4) A Check or Cash for the Membership Dues of \$50.00. Numbers 2,3, and 4 above & Applicant MUST accompany this APPLICATION and be submitted to the Officers PRIOR TO THE START OF THE MEETING. We meet on the 1st Monday of each summer month at the field, the winter months we meet at Trains & Lanes at 7:00 PM

New Member initiation fee: \$10.00 Open Member Dues: \$50.00/yr.

Junior Member Dues: \$10.00/yr. (Less than 18 years old) (No initiation fee for new juniors)

Dues are payable by cash, check or money order. No credit/debit cards are accepted.

Please make check or money order to: Lehigh Valley Radio Control Society.

*Questions can be addressed to Treasurer or President at the LVRCS web site (www.lvracs.com).

I have read and understand the rules and regulations. I agree to abide with the rules and regulations set forth by the AMA and in the LVRCS General Policy, Safety, and Flying Regulations. I also understand that failure to comply with the rules set forth may result in loss of flying and/or membership privileges.

Applicant Signature _____ **Date:** ___/___/___

Parent or Guardian Signature: _____ Date: ___/___/___

LVRCS USE ONLY:

Completed Application Received DATE) _____

AMA membership verified: LVRCS officer initials _____

Initiation Fee Paid (Date): _____

Dues Paid: (Date) _____

Membership Approved (Date) _____