



APPLICANT INFORMATION:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email address: \_\_\_\_\_

SPOUSE INFORMATION IF FAMILY MEMBERSHIP:

Name: *(only if for a family membership)*: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED:

Name	Name
Name:	Name

AMA MEMBERSHIP REQUIRED (NCRCF IS AMA CHARTER CLUB 3009):

AMA Number: \_\_\_\_\_

SIGNATURE :

*BY SIGNING THIS DOCUMENT, I, THE APPLICANT(S), HAVE READ AND UNDERSTAND THE NCRCF CLUB RULES AND GUIDELINES AND THE OFFICIAL AMA NATIONAL MODEL AIRCRAFT SAFETY CODE AND I AGREE TO ABIDE BY BOTH TO ENSURE THE SAFETY AND ENJOYMENT OF EVERYONE AT THE NCRCF FLYING FIELD.*

Signature of applicant:	Date:
Signature of spouse <i>(only if for a family membership)</i> :	Date:

MEMBERSHIP TYPES:

*Individual:	\$80
Family:	\$85
Senior (65 or older): DOB ____/____/____	\$50
Student/Teen:	\$15

\*Notes: Individual membership dues decrease to \$40 after July 1<sup>st</sup> 202X.

MEMBERSHIP TYPE & DUES:

Membership Type: <i>(Select one from membership types)</i>	Amount:
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NOTES:

MAIL APPLICATION & CHECK TO:

NCRCF Treasurer  
 Brandon Keller  
 205 Berkshire Pass  
 Covington, GA 30016