



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:		MEMBERSHIP TYPE & DUES:	
*Individual:	\$100	Membership Type:	Amount:
Family:	\$115	<i>(Select one from membership types)</i>	
Senior (65 or older):	\$80	NOTES:	
DOB ____/____/____			
Student/Teen:	\$15		
*Notes: Individual membership dues decrease to \$50 after July 1 <sup>st</sup> 202X.			

MAIL APPLICATION & CHECK TO:

NCRCF Treasurer  
 Brandon Keller  
 205 Berkshire Pass  
 Covington, GA 30016