

Application for Membership

Date _____

NEW _____ Renewal _____

Name: _____

Address: _____

Birth Date: ____/____/____

AMA No. : _____

Home Phone: () _____

Work Phone: () _____

E-Mail Address: _____

If accepted for membership, I agree to abide by all rules and regulations set forth in the Bylaws for the Flying Aces Pilots Association and the rules and regulations of the Academy of Model Aeronautics (AMA).

Signature _____ Date _____

Sponsor Name(new members) _____

Dues received: _____
(for club use only)

New Members: Fill out this form bring it with you to the next meeting with \$40. Jan thru Sept. \$55 from Oct to Dec for rest of present year thru all of following year.

Renewing Members: Fill in the form ,enclose \$40 (check or money order only, no cash), and send to: FAPA c/o James Galuska, 3424 back creek church rd , Charlotte, NC. 28213

Please visit www.flyingacesrc.com for more info.