

Membership Application

Hanover Radio Control Flying Club, Inc.



AMA-2675

(<http://www.hanoverrc.org>)

Hanover Radio Control Flying Club
 P.O. Box 1661
 Mechanicsville, VA 23116-1661
 E-mail - hanoverrc@hanoverrc.org

The objectives of this organization is to promote R/C model building, fellowship and flying in the Richmond Metropolitan area, and to aid the national program of the AMA looking toward the continual advancement of R/C model aviation in the USA. Membership in the Hanover Radio Control Flying Club, Inc. is governed by the Articles of Incorporation and By-Laws.

Name: _____ Date Of Birth: _____
 Address: _____ Home Telephone: _____
 City: _____ State: _____ Zip: _____ Work Telephone: _____
 AMA Number: _____ Mobile Telephone: _____
 Email Address: _____
 Other Club Affiliations: _____

Skill Level: Beginner Intermediate Advanced Expert

Radio Equipment

Brand	Channel Number	Modulation		1991 compliant		
		<input type="checkbox"/> AM	<input type="checkbox"/> FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
		<input type="checkbox"/> AM	<input type="checkbox"/> FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
		<input type="checkbox"/> AM	<input type="checkbox"/> FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
		<input type="checkbox"/> AM	<input type="checkbox"/> FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
		<input type="checkbox"/> AM	<input type="checkbox"/> FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain

(More Stuff to list....Use Back Of Page.)

What are your aircraft interests?

Electric Scale Heli Soaring Pattern Sport Pylon Jets

Emergency Information

Contact: _____ Telephone: _____ Insurance _____

Hospital: _____ Doctor: _____ Doctor Telephone: _____

Special Medical Information: _____

Applicant Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

(if under the age of 18 years)

NOTE: This application should be signed and submitted with the membership fee in the attached envelope to the club secretary. Applicant understands that membership is subject to (1) an opening in the club roster, (2) Current AMA membership and (3) approval by the members at a regular or special meeting. Minor members must be accompanied by a Parent, Guardian and/or Adult club member.