



Application for Membership (Revised 04.18.2023)

Bartholomew County R/C Fliers

AMA Charter 4779



(Please print)

Primary Applicant _____	DOB _____	AMA Number _____	AMA Mem. Category** _____
Spouse, or 2nd Applicant _____	DOB* _____	AMA Number* _____	AMA Mem. Category** _____
Minor Child _____	DOB* _____	AMA Number* _____	AMA Mem. Category** _____

* Complete these areas if they are joining the Club. If you need more space, please use a separate sheet.
 ** Your AMA Member Category is printed on your AMA Membership Card. It will be: "ADULT, ADULT SENIOR or YOUTH".

MAILING ADDRESS & CONTACT INFORMATION:

Street _____ Preferred Phone _____

City _____ State _____ Can phone receive texts? Yes No

Zip _____ **E-Mail** _____

<p>PLEASE RATE YOUR FLYING ABILITY</p> <p><input type="checkbox"/> No Experience (But I want to learn.)</p> <p><input type="checkbox"/> Novice (I need assistance when flying.)</p> <p><input type="checkbox"/> Intermediate (I can fly solo with no problem.)</p> <p><input type="checkbox"/> I don't want to Brag, but. . . .</p> <p><input type="checkbox"/> Willing to Buddy-Box Beginners with my Airplane.</p>	<p>AREAS OF INTEREST (check all that apply)</p> <p><input type="checkbox"/> Sport <input type="checkbox"/> Pattern <input type="checkbox"/> Scale <input type="checkbox"/> Giant Scale</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Indoor Electric <input type="checkbox"/> Soaring <input type="checkbox"/> Racing</p> <p><input type="checkbox"/> Helicopter <input type="checkbox"/> Quad or Hexcopter <input type="checkbox"/> Control Line</p>
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<p style="text-align: center;">CLUB MEMBERSHIP & ANNUAL DUES</p> <p style="text-align: center; color: red;">‘ADULT’ or ‘YOUTH’ AMA Membership is required of each Member</p> <p style="text-align: center; color: red;">AMA Park Pilot Memberships do not Qualify</p> <p>Please Check <u>ONE</u> of 3 Membership Categories:</p> <p><input type="checkbox"/> ADULT or ADULT SENIOR (Primary Applicant only) \$50.00</p> <p><input type="checkbox"/> YOUTH (Primary Applicant only) FREE</p> <p>OR, FOR FAMILY MEMBERSHIP, PLEASE CHECK <u>ONE</u> OF THESE 2: <small>(All Members must reside in the household of the Primary Applicant.)</small></p> <p><input type="checkbox"/> ADULT or ADULT SENIOR Applicant plus YOUTH(S). \$50.00</p> <p><input type="checkbox"/> ADULT or ADULT SENIOR Applicant and 2nd ADULT or ADULT SENIOR Applicant, plus any YOUTH(S) \$75.00</p> <p>AMOUNT SUBMITTED: \$ _____ Check _____ Cash _____ <small>(Check One)</small></p>	<p>MAKE CHECK PAYABLE TO: Bartholomew County R/C Fliers</p> <p>SEND TO: Mike Bealmear, Club Secretary 2990 S. 130 W., Columbus, IN 47201</p> <p>Note: Your dues payment covers the cost of your Club Membership between the date you join the Club and December 31.</p> <p>> If the date you join the Club is August 1 through September 30, your payment is 50% of the annual Club dues amount.</p> <p>> If the date you join the Club is October 1 through December 31, your payment is the full annual Club dues amount, which covers the cost of your Club Membership through December 31 of the following year.</p>
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> Each ADULT, Assoc., or Family Membership includes one key to the Club Flying Site gate. Please don't loan your key to others.
 > Replacements for lost keys cost \$5.00.

By signing this application, you agree to abide by the bylaws, regulations, and rules of the Bartholomew County R/C Fliers and the Academy of Model Aeronautics.

Primary Applicant Signature _____ **Date** _____