



**TRI CITY FLYERS, Inc.
AMA 850**

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ (HOME) _____ (CELL)

EMAIL: _____

DATE OF BIRTH: _____

SPONSOR: _____

AMA#: _____

FLYING SKILL LEVEL: ___ Novice ___ Advanced ___ Expert ___ RC Instructor

PRIOR/ CURRENT RC CLUB(S) MEMBERSHIP: _____

Primary Interest: ___ RC Plane ___ RC Helicopter ___ Control Line

Preferred Flying Site: ___ Seguin Aux. ___ Kingsbury

I hereby acknowledge that I have read the Tri City Flyers Inc. (TCF) Bylaws and all Policies/Rules located on the TCF website. I will comply with all TCF Policies/Rules. I further acknowledge and certify that I have read, understand, and agree to abide by and follow the current Academy of Model Aeronautics (AMA) Safety Code. I understand that to be authorized to fly at any TCF managed field I must have both a current TCF and AMA membership. I also understand that the liability insurance coverage provided by my AMA membership and/or other applicable insurance coverage available to me, may not fully cover my personal or financial liabilities.

SIGNATURE:

DATE:

Club use only: Roster _____ AMA _____ Badge _____ Email _____