Livingston County R/C Club

MEMBERSHIP APPLICATION/RENEWAL www.lcrcc.org AMA Charter #1591

Date:		
Name of Member/Applic	cant:	
Address:		
City:	State: Zip:	
Home Phone :()	Cell Phone: ()	
E-Mail address:		
(necessary to receive clu		
Member Since:	Membership Status:	
AMA #:	Training or Help required? (YES) ((NO)
Have you ever been ejec reason? (YES) (cted from another club or been refused members (NO)	hip for any
Note: Proof of current A	AMA membership is required	
-	embership with offspring of a regular member the sign a waiver and agree to accompany the junior visits.	
dues payment in person board member present.	ing this completed form, proof of AMA membersh to any club meeting or flying day at the field with There will be a one year probationary period fron the Board of Directors can terminate the applica n a prorated basis.	n at least one m the date of
Please make checks pay	able to: Livingston County Radio Control Club	
Signature of Member/Ap	oplicant:	

Revision Date: 3/8/2017