RENEWAL APPLICATION



Name:				
Address:				
City:	State:	Zip:	Telephone:	
AMA #:	E-mail Address:			
Family Members:				
Name:			Date of Birth:	
AMA #:	E-mail ad	ldress:		

I hereby apply for membership in the OLD TIMERS R/C FLYERS, INC.

Make all checks payable to: **OLD TIMERS R/C Flyers, Inc**. Mail to: Michael Stoos, 200 Narrow Lane, Exeter, RI 02822

I have **read** and **agree** to abide by the **By-Laws** of the OLD TIMERS R/C Flyers, Inc and the **Field Manual**. I further understand that I must hold an Academy of Model Aeronautics membership license to operate model aircraft in any capacity at the OLD TIMERS R/C Flyers, Inc. flying field. <u>Dues are payable no later than 31 January</u>. Non-payment or no AMA will be considered as a voluntary resignation on 1 February.

MEMBER'S SIGNATURE	DA	TE

AMA ROSTER _____ AMA VISUAL _____ WAITING LIST _____ CLUB USE ONLY ISSUED CARD PAID DUES INITIATION FEE

OFFICER DATE

