

Cincinnati Aeromodelers

Application for Membership

Type of Membership: Adult Junior

AMA Membership Number: _____

First Name: _____ Last Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

e-Mail address: _____

Emergency Contact, name: _____

Phone _____

Have you been, or are now, a member of another RC club?

If yes, name and location _____

What is your RC experience?, would like to arrange training?

Dues are \$100/year for adults; \$25 for juniors (under 18)

Please mail the form with a check and a copy of your current AMA card to:

Cincinnati Aeromodelers
PO Box 94
Harrison, Ohio
45030

You will receive a membership card by mail, but are encouraged to attend the next club meeting. Meetings are listed on the club calendar on the website.

