## Black Sheep RC Club

## Membership Application Form

Instructions: Please fill out one form for each individual who is joining as a new member. Family Membership must fill out one form for each individual, and all these must be submitted together. Clearly indicate which Membership Class you are joining for, calculate the total annual dues which are applicable, attach a check for this amount, and then mail to the current club Treasurer. The mailing address can be found at <a href="https://breasurer.tom.new.org/bessel-12">bessel-12</a>. As an alternative to mailing the form, you may personally hand the form, along with the required dues, to any club officer at a monthly club meeting or at the flying field. Please note that *all* requested information on the form must be provided for the form to be acceptable (e.g., a photocopy of your current and valid AMA card must be attached to this form).

Check one:	$\square$ New Member	$\square$ Renewing	Member
Legal Name:			
			Age:
Street Address: _			
City:		State:	ZIP:
Phone Number:			
Email:			
AMA Number:			
It is required to attac	ch a photocopy of your cur	rrent and valid AM	A card to this form.
Membership Class	and Dues Calculation		
Check one of the f			
☐ Junior Me	U	\$45	
☐ Adult Mei	<b>-</b>	\$75	
☐ Senior Me	-	\$45	
☐ Disabled Membership		\$45	
☐ Member of another RC club		\$45	
Check any of the f	following that apply:		
☐ Family Membership		-10%	
☐ Late fee if	renewing after March	31 <sup>st</sup>	
	club bylaws for details on late fee		
Total Dues Submit	tted:		
I agree to abide by all BSR aviation involves some lev in the hobby. I agree to ho injury or death to myself,	rel of personal risk, and I agree to ld BSRCC, Inc. harmless and to d or to my minor family members	the AMA Safety Code. accept such risk in retu efend them against any for whom I am legally re	sign.) I realize that the hobby of model arn for the opportunity to participate and all liability claims in the event of esponsible. Note, for minors less than all names, affix their signature, and
	plicant:		
Signature of Appli	icant:		Date:
Print Name of Leg	gal Guardian:		
	Guardian:		Date: