



Application for Membership
Bartholomew County R/C Fliers
 www.bcrcliers.org



(Please complete all sections)

Name _____ Date Of Birth _____ (reg. by AMA)
 (Please Print)
 Address _____ AMA# _____ (Required)
 Spouse _____
 City _____ ST. _____ E-Mail _____
 Zip _____ AOL IM# _____
 Home Phone _____ Yahoo IM # _____
 Work Phone _____ Other IM# _____
 Additional Family Member _____ AMA # _____ D.O.B. _____
 Additional Family Member _____ AMA # _____ D.O.B. _____

Please Rate Your Flying Ability

- No Experience
- Very Limited (Require assistance to fly)
- Fair (Occasionally require assistance to fly)
- Good (can fly solo with no problem)
- Advanced (Can safely do aerobatics)
- Expert (Can fly and give instruction)

Areas Of Interest (check all that apply)

- Sport, Pattern, Scale, Giant Scale
- Electric, Control Line, Soaring
- Helicopter

Please list the frequencies that you fly on.

DUES

Annual Dues:	Open (18 +)	\$50.00	Paid _____
	Associate (non-Flying)	40.00	Paid _____
	Student (17 and Under)	25.00	Paid _____

Additional Family Members

Requires At least one Open Membership per family

Age 13-17	\$10.00	Paid _____
12 and under	Free	

Rate is determined by the age of the applicant as of Jan. 01

TOTAL \$ _____

Annual dues are due by the February club meeting.

A \$10.00 late fee will be assessed for any "renewals" after this date.

Membership includes one key to the gate, which you are responsible for. Replacement keys are \$5.00

Make Check Payable To:
 Bartholomew Co. R/C Fliers

Send To:
 Russ Kuhn
 8217 West 300 South
 Columbus, IN 47201

Note: Membership dues cover the cost between the time of acceptance and Dec. 31st. If you join between July 31st and September 30th, you will pay 50% of the above dues. If you join October 1st thru Dec 31st, you will pay the full dues amount, and this will cover your dues thru Dec. 31st of the following year.

By signing this application, you agree to abide by the rules, regulations and Bi-Laws of the Bartholomew County R/C Fliers and the Academy of Model Aeronautics (AMA)

Applicant Signature _____ **Date** _____
 (parent or legal guardian for members under 18 years old)