

## Application for Membership

Date \_\_\_\_\_ Date-of-Birth \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
AMA Number \_\_\_\_\_ Expiration \_\_\_\_\_

### Select Membership Type:

Adult \ Family Membership: \$100.00

#### Family Members

First Name \_\_\_\_\_ AMA Number \_\_\_\_\_  
First Name \_\_\_\_\_ AMA Number \_\_\_\_\_  
First Name \_\_\_\_\_ AMA Number \_\_\_\_\_

Non RC Vehicle Membership: \$25.00

Mandatory Grass Cutting Fee \$25.00 – This fee does not apply to Non RC-Vehicle or Honorary Memberships, or “Elected” Grass Cutting Volunteers.

Additional Club Donation (Optional)

Amount enclosed: \$ \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and agree to follow all the field rules, by-laws, and terms of the club.**

Present this completed application to one of our club officers or mail this form with payment and proof of AMA membership to:

**Ed Lachendro  
W7808 County Road B  
Beaver Dam Wi 53916**

*Make checks payable to:*

***SKY RANCH FLYERS***

Membership in the Sky Ranch Flyers runs from January 1st to December 31st.

If joining after September 1st, the membership fee will be \$50.00 for that year.

**Flying members:** Failure to provide proof of AMA membership will void this application and cancel your membership. You must attach a photo copy of your current AMA card to this application.

Payment to the Sky Ranch Flyers does not guarantee membership.

Visit us at:

[www.skyranchflyers.com](http://www.skyranchflyers.com)

Thank you for joining our club