

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:

**Dennis Snow
N163 W19770 Riverview Drive
Jackson, WI 53037**

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

Thank you for joining our club