



# R.C. Wingers Membership Application

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

AMA Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

AMA Applied for [  ] Date Applied for \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

I have read RC Wingers Policies and agree to abide by the AMA and Club Rules and Regulations with the understanding that if I do not I will be subject to dismissal from the RC Wingers Club without refund.

I Agree [  ] Note: Checking this box signifies your signature

I understand that Radio Control Aircraft can be hazardous to both pilots and spectator. I agree that in the event of an accident, death or injury, I will not hold RC Wingers Club, its officers or the land owner liable.

I Agree [  ] Note: Checking this box signifies your signature

Send this form and your check made out to R.C. Wingers to:

Edward Brimo, Treasurer  
9413 Hinson Drive  
Mathews, NC 28105