

Application for Membership

THE BLUE MAX R/C FLYING CLUB, INC.

www.BlueMaxRC.com

(Please complete all sections)

Name: _____ Date of Birth: _____
 (Please Print) (Required by AMA)

Address: _____ AMA #: _____ Spouse Name: _____
 (Required by Blue Max R/C)

City: _____ E-Mail: _____

State: _____ Zip: _____ (Please print clearly)

Phone: _____ Name to be printed on name badge: _____

Additional Family Member: _____ AMA #: _____ D.O.B. _____

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AMA MEMBERSHIP IS A CLUB REQUIREMENT

PLEASE RATE YOUR FLYING ABILITY:

- No Experience**
- Very Limited** (Require assistance to fly)
- Fair** (Occasionally need assistance to fly)
- Good** (Can fly alone with no problems)
- Advanced** (Can safely do aerobatics)
- Expert** (Can fly and give instruction)

The **Blue Max R/C Flying Club, Inc.** tracks member usage of radio frequencies to try and avoid overcrowding of channels. Please register the channel numbers of all **R/C aircraft radios** you currently own:

Channel: _____ Channel: _____ Channel: _____
 Channel: _____ 2.4GHz: _____ (X)

DUES

ANNUAL DUES: Open (Age 18 – 64):	\$50.00	PAID: _____
Associate (non-flying)	\$40.00	PAID: _____
Student (Age 17 and under):	\$25.00	PAID: _____
Senior (Age 65 to 79):	\$37.50	PAID: _____
Super Senior (Age 80+):	\$20.00	PAID: _____

ADDITIONAL FAMILY MEMBERS:
 (Requires at least one Open Membership per family)

(Ages 13 - 17):	\$15.00	PAID: _____
(Age 12 and younger):	FREE	

INITIATION FEE: (One per Family/Household) \$20.00 PAID: \$20.00
 (Covers all immediate family members under the age of 18 in household)

TOTAL PAYMENT: _____

Were you previously a Blue Max Member? _____ No _____ Yes

If Yes, what was the last year of active membership? _____

How did you learn about this Club? _____

Make check payable to:
 Blue Max R/C Flying Club, Inc.

SEND TO:
 Blue Max R/C Flying Club, Inc.
 P.O. Box 7803
 Buffalo Grove, IL 60089-7803

NOTE: Membership dues cover the cost between the time of acceptance and December 31. If you join September 1 through October 31, you will pay 50% of the above dues. If you join November 1 through December 31, you will pay the full dues amount and this will cover you until Dec 31 of the following year. **The FULL INITIATION FEE is required regardless of application date.**

We often take pictures of members and their airplanes for the newsletter and club web site. Your picture may be used in the newsletter and/or web site. Signing this application authorizes The Blue Max R/C Flying Club to use your picture or likeness in its newsletter and/or web site. All personal information such as Address, Phone Number, etc. is only available in the password protected Members Only section of the web site.

By signing this application you agree to abide by the rules, regulations and constitution of the Blue Max R/C Flying Club, Inc. and of the Academy of Model Aeronautics (AMA).

Applicants Signature: _____ **Date:** _____
 (Parent or Legal Guardian for members under 18 years old)