

# Lazy Eight Radio Control Club

Membership Application Form

Date \_\_\_/\_\_\_/\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

E-mail \_\_\_\_\_

AMA # \_\_\_\_\_

Please check type of membership you are applying for or renewing:

Senior Member only \_\_\_\_\_ \$45.00

Junior member only (up to age 18) \_\_\_\_\_ \$10.00

Senior Member & any number of junior members \_\_\_\_\_ \$50.00

Senior Member & any family members (same household) \_\_\_\_\_ \$55.00

Please list any additional family members applying. AMA insurance is **required** for all who are applying for membership.

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ AMA # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ AMA # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ AMA# \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ AMA# \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail applications to:

Ed Plumadore

6 Heather Lane

Gloversville, NY 12078

Phone # 518-725-1025

Radio Frequency Survey

Please list your transmitter brands, frequency #'s, and the number of planes on each frequency. Please use a separate sheet if necessary.

Brand	Frequency	Number of Planes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Payment received \_\_\_\_\_ Amount paid \_\_\_\_\_