

LCRCC NEW MEMBER APPLICATION FORM – 2024

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

AMA# _____ Expiration Date: _____

-- I agree to have my name, phone number and email address shared with the club.

Yes _____ No _____

-- I will read the AMA Safety Code, the LCRCC Bylaws and Flying Field Rules and will agree to abide by the same.

Yes _____ No _____

-- I have completed the TRUST Authentication:

Yes _____ No _____ Date _____ Certificate # _____

MEMBERSHIP TYPE: (Check one)

____ REGULAR \$72/year (Prorated at \$6/month)

____ SENIOR \$60/year (Prorated at \$5/month)

____ JUNIOR \$24/year (Prorated at \$2/month)

Application fee: \$20

Please complete this form in its entirety and give or mail to

Warren Wasiewski 2051 Waterford Drive, Lancaster, PA 17601

Amount Enclosed _____ Check # _____ Date _____