

LCRCC MEMBERSHIP RENEWAL 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 have read the AMA Safety Code, the LCRCC Bylaws and Flying Field Rules within the past 3 months and agree to abide by the same.

Yes _____ No _____

-- I have completed the TRUST Authentication:

Yes _____ No _____ Date _____ Certificate # _____

MEMBERSHIP TYPE: (Check one) Renewals must be paid in total by December 31 for the following year. Delinquent payments will incur a \$5 penalty.

- REGULAR \$72/year
- SENIOR \$60/year
- JUNIOR \$24/year

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

Warren Wasiewski 2051 Waterford Drive, Lancaster, PA 17601

Amount Enclosed _____ Check # _____ Date _____