

LCRCC MEMBERSHIP APPLICATION FORM

NAME: _____ D.O.B. _____ AMA#: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____ EMAIL ADDRESS: _____

I agree to abide to the AMA Safety Code and the LCRCC Flying Field Rules which I have read and fully understand.

Signature

Date

A roster containing the name, phone number and email address of all members will be distributed to all paid up members.

I Agree

Do not use my information

TRUST Authentication Token: _____

Issue date of certificate: _____

MEMBERSHIP TYPE: (Please check only one) RETIRED \$36 before January 1st. \$48 after December 31st

Checks can be made payable to: "LCRCC" and mailed to: JUNIOR \$12 before January 1st. \$18 after December 31st

Walter Berko
281 Willow Dell Lane
Leola, PA. 17540-1637 REGULAR \$48 before January 1st. \$60 after December 31st

Please mail this completed form to :

Walter Berko, Treasurer

281 Willow Dell Lane

Leola, PA 17540-1637

or bring it to a club meeting

Amount Enclosed _____ Check# _____ Date _____