

Coffee Airfoilers Model R/C Club
AMA #592

Membership Application

Name _____
Address _____
City _____
State/Zip _____
Phone _____
Email _____
AMA # _____

Dues are \$25 per year for adult and \$1 for youth

Make check payable to:

Coffee Airfoilers

Mail Application with check to:

Coffee Airfoilers
P.O. Box 1043
Tullahoma, TN 37388

Or bring completed form with dues to the field.