

APPLICATION FOR MEMBERSHIP
TUSCARORA R/C FLYING CLUB
TUSCARORA STATE PARK
BARNESVILLE, PA

New Membership: Adult dues are \$70.00 annually with a \$10.00 initiation fee. Junior dues (anyone under the age of 18) are \$1.00 annually with a \$10.00 initiation fee. New members joining after October 1 will have their dues applied to the following calendar year.

Casual Membership: Membership dues are \$25.00. Casual membership includes all the privileges and responsibilities of a standard with the exception of flying and AMA membership.

Requirements to Fly: A current AMA (Academy of Model Aeronautics) insurance card is necessary. Apply or renew online at www.modelaircraft.org. Anyone under 18, insurance is free. See our club website, www.tuscarorarcflyingclub.com for more details.

Meetings: Meetings are held the first Monday of each month. Meetings take place at the Tuscarora State Park Office at 7:00 PM during winter months and occasionally at the flying field during summer months. If a holiday falls on the first Monday of the month, the meeting will be held on Tuesday of that week.

Applications and Dues: Return the bottom of this for along with the appropriate fees to the Club Treasurer.

Scott White (Treasurer)
1172 Long Run Road
Schuylkill Haven, Pa. 17972

I hereby apply for membership in the Tuscarora R/C Flying Club. I have received copies of the club rules, regulations set forth by the AMA's Safety Code, Pennsylvania State Park Commission and the Tuscarora R/C Club. I have read and understand these rules and regulations and will abide by them. I will also abide by the by-laws of the Tuscarora R/C Club. I understand that my failure to comply with all these rules, regulations, and by-laws could result in the LOSS of flight privileges from the field on a temporary or permanent basis. AMA membership is a MANDATORY requirement to fly at the Tuscarora R/C Club field. If you have an AMA number please provide it below, not necessary to be a club member, but necessary to fly.

_____ Date: _____

Signature of applicant

_____ Date: _____

Signature of Parent or Guardian (Under 18 Years of Age)

AMA# _____

Name: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Preferred Telephone: _____ **Please Circle One: Cell—Work--- Home**