



Club Member Application

Name _____

AMA # _____

Address _____

Phone # _____

Email _____

Referred by _____

(How did you hear about us?)

Flying Preferences *(check all that apply)*

Airplanes

Electric

Parkflyers

Helicopters

Gas

Giant Scale

Multirotors

Glow

72 MHz

FPV

Other _____

Check here if you'd like to be added to our group cell phone texting list.

Membership Dues	Annual
Adult	\$50
Seniors (65+)	\$30
Junior (18 & under)	\$10
Spouse of member	\$20

The undersigned hereby agrees to follow all rules and bylaws of the LZRC Club.

Applicant's signature _____ Date _____

This section to be completed by an LZRC officer

Dues paid \$ _____ Date _____ Rec'd by _____