

BAY AREA RADIO CONTROL SOCIETY MEMBERSHIP APPLICATION

PLEASE PRINT

Name: _____

Name as you want it on your Membership card: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Employer (optional): _____ Occupation: _____

AMA Number: _____ *please attach copy of current AMA card*

E-Mail Address: _____

Name of Sponsor: _____ Phone #: _____

Will you require flight instruction? Yes: ___ No: ___

If No, how many years of flying experience? _____ If Yes, see item 2 below.

Note: your flying ability must be attested by two of the BARCS authorized instructors before you will be allowed to solo.

Enclosed are the following fees:

BARCS Initiation Fee (Adults only)	\$100.00
BARCS First Year Dues (Adult)* **	\$80.00
BARCS First Year Annual Dues (17 hears or younger)	\$40.00

**Additional Adult members in the same household-dues are 1/2 Adult dues.*

*** Pro-rated dues for remaining months of year if, joining after June 30th.*

1. I hereby request membership in the **Bay Area Radio Control Society (BARCS)** and agree to read and comply with the field and safety rules of the club. I also agree to assist and participate in club matters.
2. Further, I understand and agree that BARCS club members, Instructors and Officers are under no direct obligation to provide me with flight instruction, that they do so at their own discretion, and free of any compensation. **If flight instructions are required please contact the club president.**
3. I agree and understand that there will be a **6 months probationary period** following my acceptance, and that any rule violation will automatically terminate my membership.

Applicant Signature: _____ Date: _____

Attach the appropriate fees and a copy of your AMA card and return to the current BARCS Secretary.

**Larry Nilsen
BARCS Secretary
32 Meadowcroft Drive
San Anselmo, CA. 94960**