# Membership Application

## Cascade Model Helicopter Club

**AMA Charter # 3239**
**IRCHA Club # 45**

AMA

IRCHA

Name _____ AMA # _____

Mailing Address _____ Phone # (___) _____

City _____ Zip _____ DOB _____ / _____ / _____
MO DAY YR

E-mail address | | | | | | | | | | | | | | | | | | | | | | | | |

R/C Channel(s) (72mhz) _____ 2.4ghz Yes / No

Is this your: First? Second? 3rd or more? Year(s) of membership? (please circle your answer)

**List your Information on our password protected website? e-mail** Y/N **Phone** Y/N **Address** Y/N
**(Only other club members have access to this information.)**

**I certify that I am a current Academy of Model Aeronautics member and meet the eligibility requirements for membership in the Cascade Model Helicopter Club. I understand that if I am accepted for membership, I must be willing to help with Club projects from time to time as necessary to improve our Club. I fully understand and will comply with the AMA Safety Code of the Club and will abide by any changes or modifications that may be made to the Safety Code during my membership period.**

**I hereby acknowledge and understand that Club Membership Fees are $130.00 for the first year, $280.00 for the second year ($150.00 of which is a one-time field maintenance and supply fee) and $130.00 for each year thereafter, unless changed by Club action. *Fees are due and payable on April 1st of each calendar year.***

**I am aware that modeling may present hazards and I exempt and relieve the Cascade Model Helicopter Club organization, flying site landowner(s) and AMA from all liability for personal injury, property damage or wrongful death that may occur.**

_____ _____

**Date** **Applicant's Signature**

Membership accepted and approved:

_____ _____
Date Club President

Membership Paid for the period from April 1st, 201____ through March 31, 201 ____

_____ $ _____ _____
Date Amount Club Treasurer