

DARE COUNTY RADIO CONTROL FLYERS

ACADEMY OF MODEL AERONAUTICS CHAPTER 2691

At the Home of the First Flight – The Outer Banks of North Carolina



Membership Application

Revision: 2023.02.24

Information for the Applicant: Thank you for your interest in becoming a member and we hope to meet with you very soon! Anyone who intends to fly with us is required to become a full or youth member of the [Academy of Model Aeronautics](#) first, and to provide their AMA membership numbers on our application. If you wish to become a club member and will not be flying, membership in the AMA is not required. The club collects dues from its members on an annual basis each fiscal year which begins on April 1st and ends on March 31st. Those joining during our fourth quarter (Jan-Mar) shall have their dues applied to the following year. The amount of annual dues is dependent on whether you intend to fly, your age at the time you apply for membership, and whether other family members will also be joining the club. Our club's current schedule of membership dues is as follows:

Category	Description	Amount
Adult	One person 19 years of age or older who will be operating model aircraft.	\$60
Youth	One person less than 19 years of age who will be operating model aircraft.	\$30
Associate	One person of any age whose role in the club is in a non-flying support status.	\$10
Family	A group of persons consisting of no more than two adult members and an unlimited number of youth or associate members, related by marriage, parentage, or residence in the same household.	\$70

Section 1. I am applying for:

Section 2. Before completing your membership application, please read our club's [bylaws](#), and indicate you have done so using the check-box below. Please [contact us](#) should you have any questions.

I have read the club's bylaws.

Section 3. Personal information for the primary applicant is as follows:

Name:	<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>	Date:
Radio Control Experience:				Membership Purpose:	
Date of Birth:			Age:	AMA Membership Number:	
Mailing Address:	<small>Street Number or Post Office Box</small>		<small>City</small>		<small>State</small> <small>Zip Code</small>
Phone Number:			E-Mail:		
Spouse Name:			Alternate E-Mail:		
Transmitter Frequency:	2.4GHz and/or		MHz	MHz	MHz

Upon completing Sections 1-3 (and Section 4 if applicable) please print and mail it, along with a check, payable to *Dare County Radio Control Flyers* for the amount shown in Section 1 to:

Dare County Radio Control Flyers
PO Box 133
Manteo, NC 27954-0133

-- Continue To Section 4 Only To Add Persons As Family Members --

The primary applicant listed in Section 3 is:

Name:	Date:
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Section 4. Personal information for additional family membership applicants is as follows:

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz