



CSRA FLYERS MEMBERSHIP APPLICATION

Home Field: Carl L. Walker Memorial Airfield for RC Aircraft, 1199 Horseshoe Road, Augusta, Ga 30906

Email a clear image of the completed form to: CSRAflyers@gmail.com

Date of Birth _____ Last Name _____ First Name _____
 Address _____ City _____ State _____
 Zip _____ Employer _____ Phone: Cell _____
 # _____ Home # _____ E-Mail _____ AMA # _____
 (You must provide proof that you are a current Open/Full AMA member) How many
 years of RC flying experience? _____ Have you soloed? _____
 Check Your Main Interests: R/C _____ Control Line _____ Free Flight _____ Helicopter _____
 Planes _____ Multirotor _____ Scale _____ Pattern _____ Sport Flying _____ 3D _____
 FPV _____ Gyrocopter _____ Racing _____
 Do you need assistance? Yes _____ No _____

MEMBERSHIP REQUIREMENTS: Applicants must present proof of current AMA membership at the time of application and visit our airfield preferably with a club officer present for an orientation. Members are encouraged to volunteer for at least one non-flying activity, task, or event per year. These may consist of mowing, trimming, painting, assisting at annual air shows, cookouts, or airfield maintenance. All members must abide by all AMA and club safety and operational regulations, rules, policies, and procedures. Failure to do so may result in membership termination. There is a strict "NO-Alcohol/Drugs Allowed at Any Time" policy at our airfield. Also, any weapons are to be left in your vehicle..

ANNUAL MEMBERSHIP DUES AND FEES: Dues are payable at time of notification of a membership opening for new members. Annual Dues can be paid any time after December 1 for the next calendar year. Dues for each year are delinquent after January 31 of the current membership year. Any open memberships after January 31, of the calendar year will be offered to those people who request to be placed on our waiting list.) **Membership Categories:** Junior (under 19 years before July 1st): **\$20.00**. Open/Full Individual Membership (age over 19 years before July 1st): **\$70.00**. Family Membership (Any family member that flies must also be an active AMA member: **\$95.00**.

DECLARATION: I hereby declare that I have read and understand the CSRA FLYERS AMA Chartered Club #226 membership requirements and I have read, understand the club's bylaws and the club's airfield operational safety rules and guides. I agree to follow the AMA Safety Code and the AMA Safety Handbook Guide. I also understand that failure to fulfill the membership requirements or violation of airfield rules or procedures may result in temporary or permanent suspension from the CSRA FLYERS. Members may request access to our private Facebook Group where information concerning events, activities, questions, and accomplishments are shared between members. There is a public Facebook page where general information is available, but the private group is only visible to our club's members for privacy reasons.

Applicant's Signature: _____ Date: _____
 Dues/Fees Amount Paid \$ _____ Paypal or Check # _____

PayPal: csraflyerstreasurer@gmail.com Please select Friends & Family

Check: CSRA Flyers

% John Lindfors

4629 Hunters Mill Ct.

Hephzibah, GA 30815 in Memo Block, please put "DUES"

Email us for any questions! And Thank You!!!