

Tailspinners Membership Application

Current Member _____ (Please check one) New Member _____
(\$100.00 per year) (\$100.00 annually, \$50.00 application fee)

Member's Name _____
First Middle Initial Last

Spouse's name _____
First Middle Initial Last

Junior Member's Name _____
First Middle Initial Last

Junior Member's Name _____
First Middle Initial Last

Address _____
Number Street Name
City State Zipcode

No dues or fees for spouse or dependents under 18)

Phone Number _____
Area code Number

Email Address _____

AMA Membership Number(s) _____

IMAA membership Number(s) _____

Radio Channels _____

List all channels currently being used.

Interests:

R/C Aircraft _____ R/C Helicopters _____ Club Organization _____

Other – Explain

List other R/C Club Memberships:

_____ I have read and understand the Membership Guidelines and wish to apply for membership.

_____ I need to receive the Membership Guidelines.

_____ I wish to apply for membership. I also understand that I must be a currently paid member of the AMA or be enrolled in the AMA Introductory Program to fly.

Check how you wish to receive the monthly Club Newsletter: ___ Email ___ US Mail

Signed

Date

Print out and mail this completed form, with your dues check, to:

Tailspinners of Central Ohio P.O. Box 616 Reynoldsburg, Ohio 43068