

CUMBERLAND COUNTY RADIO CONTROL CLUB

Application for Membership - One Individual per Application

Please print the information and return to Club Secretary

First Name _____ Last Name _____

*Mailing Address (Number and Street) _____

City _____ State _____ *Zip Code _____

Phone - *Home _____ *Cell _____ *Cell Carrier _____

*Age _____ *Email Address: _____

* Indicates Personally Identifiable Information that is not shared

You must have a current AMA and FAA membership before joining CCRC.

AMA number _____ FAA number _____

Emergency Contact Information.

Please only provide emergency contact information that can be publicly posted.

Name _____ Phone _____ Email _____

DUES:

Adult Membership.....\$70.00 (prorated to \$6.00 per month after January)

Junior Membership (under age 19).....\$10.00

***** Please read and sign this declaration. Application without Signature will not be accepted. *****

Note: (By signing this waiver, I agree that, if I am involved in any claim or suit, I will not sue Cumberland County R/C Club or the owner of the property that we use for our Club activities).

I agree to comply with the AMA and Cumberland County R/C Club Safety Codes for all model operations. I understand that my failure to comply with the Safety Codes will result in failure of liability coverage for damages or claims caused. I further understand that written notice of occurrence of any incident must be immediately reported to the Club President or Secretary. I have received the Club's By-Laws and Field Safety rules.

I am aware that modeling may present hazards to participants and spectators. I exempt, waive, and relieve Cumberland County R/C Club and the owner of property from all current or future liability for personal injury, property damage, or wrongful death caused by negligence.

I agree to being part of the Club's "AMA Club Management" system. This includes having my membership information stored electronically and receiving periodic emails from the Club's "AMA Club Management" system.

Signature of Applicant _____ Date _____

If under 18 - Parent or Guardian _____ Date _____