

Lazy Eight Radio Control Club

Membership Application Form
lazy8rcclubjohnstownny.com

Date ___/___/___

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Telephone # _____

E-mail _____

AMA # _____

Please check type of membership you are applying for or renewing:

Senior Member only _____ \$55.00

Senior Member & any number of junior members _____ \$55.00

Senior Member & any family members (same household) _____ \$65.00

Please list any additional family members applying. AMA insurance is **required** for all who are applying for membership.

Spouse _____	Date of Birth _____	AMA # _____
Name _____	Date of Birth _____	AMA # _____
Name _____	Date of Birth _____	AMA# _____
Name _____	Date of Birth _____	AMA# _____

Applicant's signature _____ Date _____

Please mail applications to:

Ed Plumadore

6 Heather Lane

Gloversville, NY 12078

Phone # 518-725-1025

Radio Frequency Survey

Please list your transmitter brands, frequency #'s, and the number of planes on each frequency. Please use a separate sheet if necessary.

Brand	Frequency	Number of Planes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Payment received _____ Amount paid _____