



Central Ohio Radio Kontrol Society

AMA Charter Club #852

Membership Application



New Member
 Renewal
 Change of Address

Required Information:

First Name	Last Name	DOB (if under 19 years of age)
Address	Apartment/Suite	
City	State	Zipcode
E-Mail Address	Home Phone	Cell Phone
Flying Experience Novice <input type="checkbox"/> Experienced <input type="checkbox"/> Require an Instructor <input type="checkbox"/> Request Test Flight <input type="checkbox"/>		
Radio Frequencies <input style="width: 80%;" type="text"/>		

Additional Family Members Note: Each household will only receive one (1) newsletter.

First Name	Last Name	DOB (MM/DD/YYYY)	AMA No.

Memberships period is January 1 thru December 31

<input type="checkbox"/> Individual Membership \$75.00	<input type="checkbox"/> Each Additional Family Member (Spouse, Junior) #___ x \$10
<input type="checkbox"/> Junior Membership \$10.00	(Junior Members are defined as Age 17 or under at time of application.)

(Junior Membership requires an adult sponsor.) **Sponsor Signature:** _____

Additional Information (Check all that apply)

<input type="checkbox"/> Airplanes	<input type="checkbox"/> Pattern	<input type="checkbox"/> Jets
<input type="checkbox"/> Helicopters	<input type="checkbox"/> Pylon	<input type="checkbox"/> Soaring/Glider
<input type="checkbox"/> Electrics	<input type="checkbox"/> Combat	<input type="checkbox"/> 3D/Aerobatics
<input type="checkbox"/> Scale	<input type="checkbox"/> Park Flyer	<input type="checkbox"/> Drones (Quad/Hexcopters)
<input type="checkbox"/> Giant Scale	<input type="checkbox"/> Sport	

Everyone must read and sign

I hereby agree to comply with all the AMA SAFETY CODES, CORKS Field safety and flying site rules for all model aircraft operations. I further agree to abide and comply with the CORKS Club By-Laws, Constitution and standing rules and to any changes that may be made to them during my membership period. I understand and agree that as a condition of my membership my failure to comply with all the applicable SAFETY & FLYING RULES may result in the revocation of my membership. I understand to provide the AMA and CORKS Officers written notice within (30) days of an occurrence of incident of bodily injury or property damage. I am very aware that model aircraft operations present hazards and I EXEMPT AND HOLD HARMLESS CENTRAL OHIO RADIO KONTROL SOCIETY, ITS OFFICERS and MEMBERS from all liability including personal injury, property damage or death caused by myself or my guest's actions. This application, Proof of current AMA membership and the appropriate fees must be personally presented at a regular Club Meeting for approval for membership. Renewals of membership may be made at any regular club meeting or via U.S. Mail.

Signature _____ Date _____ AMA# (if recently applied, attach AMA confirmation) _____

CORKS USE ONLY	AMA Verified <input type="checkbox"/> Yes	Dues Paid \$ _____	Check No. _____
Membership Type _____	Other fees _____		Cash \$ _____
			Amount \$ _____

Membership Application
Make Checks Payable to:
 "Central Ohio Radio Kontrol Society"

Please Return Application to:
 Dave Folk
 7320 Cheshire Rd Galena, OH 43021

Created: August 2015
 Last Updated: February 2018