Membership Applicatio	n		
First Name	Initial	Last Name	
Mailing Address			
City	State	Zip Code	
Home Telephone			
E-Mail Address			
AMA Number*			
	Member when joining yo	ou must notify a club officer of	your AMA number before
AMA National Model A	ircraft Safety Code and	I the current <u>WMFC Field Ru</u>	rent applicable portions of the <u>lles.</u> AMA information is available club officers or the <u>WMFC web</u>
Aircraft Safety Code and the foregoing documents comply may endanger m	d the WMFC Field Rules when operating model y liability coverage for a y at the WMFC flying si		MA and WMFC requirements in ite. I understand that failure to ed and also may result in my
Wilmington Model Flying 31. New member dues a	ng Club. I understand the prorated based on the	e number of months remaining	w members only) for the ins from April 1 through March ing during the FY to include the 118) are assessed at 50% of adult
Apr-\$150, May-\$138, Ju Mar-\$13	n-\$125, Jul-\$113, Aug-\$1	100, Sep-\$88, Oct-\$75, Nov-\$63	, Dec-\$50, Jan-\$38, Feb-\$25,
Signature		Dated	
Parent or Guardian also i	f member is under 18		
To apply for membership	p, mail this completed ap	oplication along with your chec	k to:

WILMINGTON MODEL FLYING CLUB TREASURER 1007 Beaumont Ct. Leland, NC 28451