

Application for Membership

Date _____ Date-of-Birth _____
Name _____
Address _____
City _____ Zip _____
Home Telephone _____ Cell Phone _____
E-Mail Address _____
AMA Number _____ Expiration _____

Select Membership Type:

Adult \ Family Membership: \$100.00

Family Members

First Name _____ AMA Number _____
First Name _____ AMA Number _____
First Name _____ AMA Number _____

Non RC Vehicle Membership: \$25.00

Mandatory Grass Cutting Fee \$25.00 – This fee does not apply to Non RC-Vehicle or
Honorary Memberships, or “Elected” Grass Cutting Volunteers.

Additional Club Donation (Optional)

Amount enclosed: \$ _____

Signature _____

I have read and agree to follow all the field rules, by-laws, and terms of the club.

Present this completed application to
one of our club officers with payment
and proof of AMA membership

Make checks payable to:

SKY RANCH FLYERS

Membership in the
Sky Ranch Flyers runs from
January 1st to December 31st.

If joining after September 1st, the
membership fee will be
\$50.00 for that year.

Flying members: Failure to provide
proof of AMA membership will void
this application and cancel your
membership. You must attach a
photo copy of your current AMA
card to this application.

Payment to the Sky Ranch Flyers
does not guarantee membership.

Visit us at:

www.skyranchflyers.com

Thank you for joining our club

If mailing membership - send completed
form, copy of your AMA card, and check
made out to the SKY RANCH FLYERS to:

Gary Schlosser
1609 Larkspur Ln.
West Bend, WI 53090