## NUTMEG R/C FLYERS INC. 2025 Membership/Dues Form

Visit us at n	utmegflyers.com	<b>.</b>	Vis	sit AMA	at model	laircra	ft.org
	Type (A)dult, (O)ffi	_ cer. (.Dunior, (S)er					
Last Name	/ 1 / pro (1 - 1 / marry ( < )	First Name				Birth Date	
Address:			AMA Licen	se #:			
City:			State:		Zip:		
Phone (H):			Phone (W):		•	1	
Email:			Phone (C):				
If paying by	check or money order p	please enter the che	ck# here:				
If you would	like your newsletter m	nailed instead of em	ailed please c	heck he	re:		
controlled fit those flying of regulations of Please Note: · Renewals a · Current AM SIGNED:	re due annually on Ja AA membership is requ t is under 18 yrs old as	a current AMA Lice quencies, i.e. 50 and paid the annual due nuary 1st and must uired for each flyin	INC. and be ense (an FCC of 53 MHZ), as to the Club t be accompage member su	C Licens agree to Treasu nied by bmitted	e is also r abide by c rer. a new app for applic	equire all rulo plicatio	d for es and
Membership	o type			Fee	Quantit	y To	tal
	erson 18 yrs of age or r	nore as of Jan. 1st		\$60			
Senior: any p	st	\$50					
Junior: any p		\$10					
Initiation fee		\$25					
Late fee (1)		\$10					
				(	Grand To	tal:	
(2) Late fee: March club n	fee: A one time fee for Applied only for renewmeeting (second Thurson the roster. Reinstatem	wing member's due day of the month). N	s not received Members not	d by the renewing	close of bog by April	usiness 1st wi	at the

Club Use This Section Only						
Date Received		Date in Records				
Date to AMA _	Secretary					

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Visit us at	nutmegflye	rs.com				Visit AMA a	t modela	ircraf	t.org
Additional	l Members		•						
Membersh	nip Type (A	dult (A), Se	nior (S), Ju	nior (J	):				
Last Name:				irst ame:	•			Birth Date:	
Address:			•		Phone		•		
City:					State:	Zip:			
email:						icense # (if nember*):			
Membersh	nip Type (A	dult (A), Se	nior (S), Ju	nior (J	):		•		
Last Name:				irst ame:				Birth Date:	
Address:					Phone		•		
City:					State:	Zip:			
email:						icense # (if nember*):			
Membersh	nip Type (A	dult (A), Se	nior (S), Ju	nior (J	):				
Last Name:				irst ame:	·			Birth Date:	
Address:					Phone				
City:					State:	Zip:			
email:						icense # (if nember*):			

Club Use This Section Only							
Date Received		Date in Records					
Date to AMA	Secretary	•					