



PLEASE - PRINT CLEARLY

THIS INFORMATION IS NECESSARY FOR THE ADMINISTRATION OF CLUB BUSINESS BY THE OFFICERS OF THE CLUB. PLEASE SEE THE EXCEPTION BELOW.

To be considered for membership in the Clay County Flyers (CCF) R/C Club you must provide proof of an active membership with the Academy of Model Aeronautics (AMA), hold a current FAA UAS certificate, initialed and signed club rules form, signed Clay County Release Form, paid initiation and dues for the year, **AND LASTLY DEMONSTRATION OF SAFE CONTROLLED FLIGHT**. Continuation with CCF is contingent on maintaining a good standing with dues, current AMA and UAS certification, and following club and county rules especially as they pertain to safe flight and flight area restrictions.

NAME: _____ DATE OF BIRTH: _____ MO/DA/YR
 CELL PHONE #: _____ HOME PHONE #: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 NICKNAME: _____ EMAIL ADDRESS: _____
 OCCUPATION: _____ COMPANY: _____
 AMA MEMBER #: _____ AMA RENEWAL DATE: _____
 FAA UAS CERT #: _____ UAS EXPIRATION DATE: _____ TRUST CERT# _____

WHAT ARE YOUR RC INTERESTS SCALE ___ SPORT ___ PATTERN ___ 1/4 SCALE ___ RACING ___ ELECTRIC ___ COMBAT ___ OTHER ___ HELO ___ DRONE ___
 HOW LONG HAVE YOU FLOWN R/C AIRCRAFT _____ ARE YOU A MEMBER OF ANOTHER R/C CLUB _____

YOU WILL BE REQUIRED TO DEMONSTRATE SAFE AND CONTROLLED FLIGHT, GROUND HANDLING AND GENERAL SAFETY BEFORE INDEPENDENT ACCESS IS PERMITTED AT THE FIELD

IF YOU WISH TO RELEASE YOUR TELEPHONE NUMBER AND EMAIL ADDRESS TO OTHER CLUB MEMBERS, YOU MUST SIGN THE RELEASE STATEMENT BELOW. IF THE STATEMENT IS NOT SIGNED, THE INFORMATION WILL NOT BE RELEASED EXCEPT TO ACTING CLUB OFFICERS FOR THE ADMINISTRATION OF THEIR DUTIES.

I AUTHORIZE BY SIGNATURE BELOW THE RELEASE OF PHONE OR EMAIL INFORMATION TO OTHER CURRENT CLUB MEMBERS.

SIGNATURE

IF YOU ARE HURT OR THERE IS SOME OTHER EMERGENCY AT THE FLYING FIELD AND YOU WISH SOMEONE TO BE NOTIFIED, YOU MUST SIGN THE STATEMENT BELOW.

IN THE EVENT OF AN EMERGENCY CONTACT: _____ PHONE #: _____

SIGNATURE

REMAINDER TO BE COMPLETED BY OFFICER

CLAY COUNTY INSURANCE/WAIVER COMPLETE: YES NO (CIRCLE ONE) CLAY COUNTY FLYERS RULES PROVIDED: YES NO (CIRCLE ONE)

AMA CITED/VERIFIED: YES NO (CIRCLE ONE) MEMBERSHIP LABEL ATTACHED TO AMA CARD: YES NO (CIRCLE ONE) FAA UAS CITED/VERIFIED: YES NO (CIRCLE ONE)

DUES DUE DATE: _____ DUES PAID DATE: _____

CHECK FLIGHT ON _____ OBSERVER NAME _____ SAFE FOR INDEPENDENT FLIGHT YES NO

PRES _____ VP _____ SEC _____