



Western R/C Flyers Inc. 2017 Membership Application

Please print clearly!

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Evening Phone: _____ Day Phone: _____

Email: _____

AMA Number: _____

Amount Paid: \$ _____

2017 Dues: \$35 (Renewals should be paid by **April 1**) New ___ Renewal ___ (Check One)

Sign Here: _____ Date _____

Membership application subject to approval. AMA membership is required.

Make Checks Payable to: Western R/C Flyers

Complete this form and send with check to WRCF Treasurer:

Dean Copeland 15668 Fountain Hills Dr. Omaha, Nebraska 68118