

Houston Hawks Radio Control Soaring Club Application for Membership

Name:		_ Spouse:	Date:	
Address:				
City:		State:	Zip:	
Birth date:	Age:	Male	Female	
Home Phone:		Work Phone:		
-Mail Address:		FAX:		
AMA No:	CD No	LSF (League of	Silent Flight)	
Primary Transmitter Channel Requested:		Secondary Channels:		
THE AMA WITHIN THE NE. FOR LIABILITY INSURANCE SUCH MEMBERSHIP PRICE MEMBERSHIP IS A CURRENT AN INTREGAL PART OF MANNER WITH GOOD SEREGULATIONS. A COPY CAND MY LEGAL PARENT, APPLICATION.	XT 10 DAYS, SO THAT I WILL I CE COVERAGE WHILE OPER OR TO FLYING AT THE HOUS ENT AMA MEMBERSHIP CARD THIS APPLICATION. I ALSO PORTSMANSHIP AND TO COM OF BOTH THE HOUSTON HAW AL GUARDIN (S) (IF A JUNIO TAIL, and home / work phore	BE COVERED BY THE AMA ATING A MODEL AIRCRAF TON HAWKS FLYING FIELD D. A COPY OF THE AMA ME D AGREE TO CONDUCT IN MPLY WITH ALL HOUSTON JK SAFETY RULES AND THI R MEMBER) AND ACCEPT	OR AGREE TO BECOME A MEMBER OF INSURANCE POLICY WHICH PROVIDES IT. I WILL ALSO FURNISH PROOF OF DEATH OF THE ONLY ACCEPTABLE PROOF OF MBERSHIP APPLICATION CONSIDERED MYSELF IN A SAFE AND CONSISTAN HAWK AND AMA SAFETY RULES AND E AMA RULES WERE PROVIDED TO ME ED AS A PART OF THIS MEMBERSHIP COSTER POSTED ON THE COURSE OF THE ORDER OF THE ORDE	
Members Signature:		Date:		
Parental / Guardian: _			Date:	
New Membership (Ann	pership Fee Schedule: (Du nually) Jan 1 st . thru June 3 (under 16) of an active me	31st - \$50.00 (After July	1 st - \$30.00) <u>Family Active Membership</u> at no	
Please make check o	r money order payable t	to Club Treasurer:		

If you have any questions or request additional club information – check with our web at:

Alan Jones 20819 Garden Arbor Lane Richmond, TX 77407

www.hawksrcsoaring.com