

**Tri-Cities Radio Control Modelers Application
Initial Membership and Renewal
219 Indian Court, Richland WA 99354
Email contact: *president@tcrcm.org***

PLEASE PRINT LEGIBLY

First Name *Initial* *Last Name* *Age*

AMA NO. (include family member #) _____

HOME PHONE _____ **CELL PHONE** _____

E-MAIL _____

Address _____

City _____ **State** _____ **Zip** _____

Type of Membership (paid membership is valid for one year-Jan 1 thru Dec 31)

General (\$100) _____ **Family (\$125)** _____ **Junior{17 and under} (\$37.50)** _____

I am a current member of the AMA and agree to comply with the AMA Safety Code for all applicable model or other operations on the flying site of/or involving any activity pertaining to the "Tri-Cities Radio Control Modelers (TCRCM). I agree to comply with all TCRCM field and safety rules. I am aware that modeling may present hazards to participants and spectators. I exempt, waive, and relieve "TCRCM", their representatives, and officers from all current or future liability for personal injury, property damage, or wrongful death caused by accident or negligence. I agree to support the club by participating in TCRCM Club and Flying Site Operations.

Signature of Applicant

Date

Parent or guardian of applicant

17 years of age or under must also sign form and assume liability for the applicant's actions.

Signature of Parent of Guardian

Date

Please indicate area(s) of willing participation in club and field operation.

____ Events ____ Work Party ____ General House Keeping ____ Safety/Training ____ Other
____ Model Aviation/STEM Education ____ Event Planning/Contacting Vendors
____ Garbage Disposal (Richland residents only)