

# DARE COUNTY RADIO CONTROL FLYERS

## ACADEMY OF MODEL AERONAUTICS CHAPTER 2691

*At the Home of the First Flight – The Outer Banks of North Carolina*



### Membership Application

Revision: 2024.09.25

**Information for the Applicant:** All applicants must provide their [Academy of Model Aeronautics](#) (AMA) membership numbers on our application. Those who intend to fly with us are required to become and maintain a full or youth membership in the AMA, however those that will not be flying may join the AMA one time only to establish a membership number at the lowest membership cost-level currently offered. The club collects dues from its members on an annual basis each fiscal year which begins on April 1st and ends on March 31st. Those joining during our fourth quarter (Jan-Mar) shall have their dues applied to the following year. The amount of annual dues is dependent on whether you intend to fly, your age at the time you apply for membership, and whether other family members will also be joining the club. Our club's current schedule of membership dues is as follows:

Category	Description	Amount
Adult	One person 19 years of age or older who will be operating model aircraft.	\$60
Youth	One person less than 19 years of age who will be operating model aircraft.	\$30
Associate	One person of any age whose role in the club is in a non-flying support status.	\$10
Family	A group of persons consisting of no more than two adult members and an unlimited number of youth or associate members, related by marriage, parentage, or residence in the same household.	\$70

**Section 1.** I am applying for:

**Section 2.** Before completing your membership application, please read our club's [bylaws](#), and indicate you have done so using the check-box below. Please [contact us](#) should you have any questions.

I have read the club's bylaws.

**Section 3.** Personal information for the primary applicant is as follows:

Name:		Date:	
<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>		<small>City</small>	<small>State</small> <small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Spouse Name:		Alternate E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz
			MHz

Upon completing Sections 1-3 (and Section 4 if applicable) please print and mail it, along with a check, payable to *Dare County Radio Control Flyers* for the amount shown in Section 1 to:

Dare County Radio Control Flyers  
PO Box 133  
Manteo, NC 27954-0133

-- Continue To Section 4 Only To Add Persons As Family Members --

The primary applicant listed in Section 3 is:

Name:	Date:
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**Section 4.** Personal information for additional family membership applicants is as follows:

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz

<small>First</small>	<small>MI</small>	<small>Last</small>	<small>Suffix</small>
Name:			
Relationship to Primary Applicant (Section 3):			
Radio Control Experience:		Membership Purpose:	
Date of Birth:	Age:	AMA Membership Number:	
<small>Street Number or Post Office Box</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:			
Phone Number:		E-Mail:	
Transmitter Frequency:	2.4GHz and/or	MHz	MHz