



TRI-COUNTY SKY BARONS



Membership Application

First Name		DATE:	
Last Name			
Address			
City			
State		Zip	
E-Mail			
Home Phone			
Work Phone			
Mobile Phone			
AMA Number			
Radio Channels Used			
DSM	<input type="checkbox"/>	Your Sponsor:	
<input type="checkbox"/> Regular Membership	\$ 25.00	(18 years of age to 65 years of age by January 1)	
<input type="checkbox"/> Senior Membership	\$ 15.00	(65 years of age and over by January 1)	
<input type="checkbox"/> Junior Membership	\$ 00.00	(18 years of age and younger by January 1)	
<input type="checkbox"/> Associate Membership	\$ 25.00	(Not permitted to operate Radio Controlled Models or Equipment.)	

I allow Tri-County Sky Barons to use the following information on the club website:
Name Address Phone Work Phone Mobile Phone E-Mail Address

Applicable fees must accompany this application.

Please read and sign this declaration. Applications without signatures will be returned.

<p>Proof of AMA membership must be produced before you will be permitted to operate Radio Controlled Equipment. (Exception: Those enrolled in the Club Sanctioned Training Program and under the direct supervision of the Introductory Program Instructor may be temporarily exempted from this requirement.)</p> <p>Tri-County Sky Barons is an Academy of Model Aeronautics Radio Control Club.</p> <p>NOTE: This waiver means that if I am involved in any claim or suit I will not sue the Tri-County Sky Barons. I understand that this waiver does not affect my liability coverage.</p> <p>I agree to comply with the AMA Safety code for all applicable model operations. I understand that my failure to comply with the Safety Code may endanger my liability coverage for any damages or claims so caused. I also understand that written notice of the occurrence of any incident must be immediately provided.</p>	<p>I also agree to abide by the By-Laws of the Tri-County Sky Barons and I am aware that modeling my present hazards to participants and spectators. I exempt, waive, and relieve the Tri-County Sky Barons from all current or future liability for personal injury, property damage, or wrongful death caused by negligence.</p> <p>Signature of applicant: _____</p> <p>Print: _____</p> <p>Signature of Parent or Guardian of applicant under age 18: _____</p> <p>Print: _____</p> <p style="text-align: right;">Mail to: Tri-County Sky Barons 673 Laurel Run Road Mifflintown PA 17059 REV:051722</p>
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