



ADRIAN, MICHIGAN

**MEMBERSHIP APPLICATION**

**Please Print Legibly:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Circle One**

New Member: YES NO Renewing Member: YES NO Birth Date: \_\_\_\_\_

AMA # \_\_\_\_\_ IMAA# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Frequencies Used: CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_, CH-\_\_\_\_

Please check the type of membership for which you are applying:

X	TYPE	DESCRIPTION	DUES
	FULL	PROVIDES FULL FLYING PRIVILEGES, REQUIRES PROOF OF AMA MEMBERSHIP, AND INITIAL FLIGHT CHECK	\$50 PER YEAR
	Under 16 years	Must be accompanied by Parent or Guardian	

By signing this document, I agree to adhere to the rules set forth by the Bits and Pieces R/C Club and the Academy of Model Aeronautics (AMA), for flying R/C aircraft. Failure to adhere to these rules may result in my dismissal from Bits and Pieces R/C Club, forfeiture of dues paid, and notification of AMA of my dismissal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form (two pages) along with your dues, and copy of your current AMA or MAAC card.

Make check payable to: BITS and PIECES R/C Club and mail to: Doug Smith  
3121 Cobblestone Ridge  
Tecumseh, MI 49286  
Treasurer

(continued on page 2)

**NOTICE: AMA LIABILITY INSURANCE IS REQUIRED TO  
FLY AT BITS AND PIECES R/C CLUB**

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

In consideration of my participation and/or the participation of my children, my guests, or other persons in the club or on the field activities, I hereby for myself, my heir, my executors and/or administrators, waive all rights and claims for damages which I may have against the BITS AND PIECES R/C CLUB and any individuals elected or appointed to act as representatives.

Furthermore, none of the above is responsible for the loss of personal items, nor for any other form of aggravation in connection with the club or field activities.

I recognize that there may be potential hazards in this activity.

In filling out this form, I acknowledge that I have read and fully understood my own liability and do accept the restrictions.

Print Full Name	
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Signature		Date	
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Signature of Parent or Guardian (if under 18)	
	Date