




Imperial Radio-Controlled Club, Inc.

Membership Application

P.O. Box 6662

Lakeland, FL 33807

 **PayPal** (add 3% remittance fee)

payments@imperialrcclub.com

[www.imperialrcclub.com](http://www.imperialrcclub.com)



**Membership Agreement**

1. By signing this application, the prospective member agrees to abide by the Academy of Model Aeronautics (AMA) safety code and all By-Laws, Rules and Policies of the Imperial RC Club (IRCC).
2. Your membership in the IRCC is suspended if your AMA membership expires during your tenure in the IRCC. You must show your renewed AMA membership card to an IRCC club officer each year to keep your IRCC membership active. You may not fly at IRCC if your AMA membership lapses.
3. As an IRCC member you will be expected to contribute to the club and participate in the club's events and fund raisers. The operational expenses of our club are offset by money raised through club functions which require volunteer man-power from the IRCC membership.
4. Please include a self-addressed stamped envelope and a copy of your AMA card if you are mailing this application.

**IRCC Membership Dues  
Select One**

**Must have current Academy of Model Aeronautics (AMA) membership NO EXCEPTIONS**

See IRCC Club Policies for detailed membership qualifications & explanations

- |  |   |
|--|---|
| <input type="checkbox"/> \$100 First Time Member | <input type="checkbox"/> \$75/75 member<br>If residence is greater than 75 miles from IRCC. |
| <input type="checkbox"/> \$100 Snowbird Member   | <input type="checkbox"/> \$30 Associate Member  |
| <input type="checkbox"/> \$200 Adult Member      | <input type="checkbox"/> \$25 Visitor (allows 30 days)                                      |
| <input type="checkbox"/> COMP (by EC approval)   | <input type="checkbox"/> \$25 Junior Member   |

## IRCC Applicant Information

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address: \_\_\_\_\_

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

eMail: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

AMA Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Emergency Contact (name and number): \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(must sign if applicant is under 18 years old)