

# Laurel Highlands Model Airplane Club

AMA Charter #557 Mt Pleasant, PA 15666 www.lhmac.org



**Application: "NEW" or "RENEWAL" (PLEASE CIRCLE CORRECT OPTION)**

**NOTE: Renewals after January 1st are charged a \$5.00 late fee.**

**New memberships are charged an initiation fee (details below); if joining after August 1st membership is good through the next calendar year.**

Name: \_\_\_\_\_ AMA #: \_\_\_\_\_ (mandatory to fly)

Address: \_\_\_\_\_ FAA/FPV #: \_\_\_\_\_

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

Telephone: Home Phone: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Other Family Members:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AMA # \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AMA # \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AMA # \_\_\_\_\_ E-mail: \_\_\_\_\_

IN CASE OF EMERGENCY, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

### MEMBERSHIP TYPES AND DUES:

REGULAR (OPEN) - AGE 19 TO 65 \$35.00 \$ \_\_\_\_\_

YOUTH (JR.) - UNDER AGE 19 \$20.00 \$ \_\_\_\_\_

SENIOR/RETIREE - AGE 65 OR ON ANY PENSION \$20.00 \$ \_\_\_\_\_

FAMILY - INCLUDES SPOUSE AND CHILDREN UNDER 19 \$36.00 \$ \_\_\_\_\_  
(PLEASE LIST FAMILY MEMBERS ABOVE UNDER "OTHER FAMILY MEMBERS")

**INITIATION FEES:** YOUTH IS \$2.00, ALL OTHERS ARE \$5.00 \$ \_\_\_\_\_

**NEWSLETTER HARDCOPY** (US MAIL) OPTIONAL - SURCHARGE OF **\$15.00/yr** \$ \_\_\_\_\_  
(THE NEWSLETTER IS FREE VIA E-MAIL)

**TOTAL** \$ \_\_\_\_\_

### ACCEPTANCE STATEMENT

If accepted into the LAUREL HIGHLANDS MODEL AIRPLANE CLUB, I agree to serve as an officer when nominated, participate in club field maintenance and comply with all County, Club and Academy of Model Aeronautics (AMA) field and safety regulations. I am aware that modeling may present hazards and I exempt and relieve the Laurel Hgihlands Model Airplane Club, Inc., its officers and members from all liabilities for personal injury, property damage or wrongful death caused by negligence.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 19: \_\_\_\_\_

**Please mail this completed form with payment to:** Rene Marquis, Treasurer, LHMAC

158 Frothingham Ave., Jeannette, PA 15644-1868

(724) 523-3320 RAM158@msn.com

**PLEASE MAKE CHECKS PAYABLE TO LHMAC**