

# 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 December 31st are charged a \$10.00 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/sUAS# \_\_\_\_\_ (optional)

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 \$40.00 \$ \_\_\_\_\_

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

SENIOR/RETIREE - AGE 65 OR ON ANY PENSION \$30.00 \$ \_\_\_\_\_

FAMILY (All Memberships) - INCLUDES SPOUSE & CHILDREN UNDER 19  
(PLEASE LIST FAMILY MEMBERS ABOVE UNDER "OTHER FAMILY MEMBERS") ADD \$5.00 \$ \_\_\_\_\_

**INITIATION FEES:** YOUTH IS \$2.00, ALL OTHERS ARE \$10.00 \$ \_\_\_\_\_

**LATE FEE:** (AFTER DECEMBER 31st) ADD \$10.00 \$ \_\_\_\_\_

**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 Highlands 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**