

DATE OF AP	PLICATION:					
NAME:		AGE:	_ SPOUSE	'S NAME:	· · · · · · · · · · · · · · · · · · ·	
ADDRESS: _						
CITY:		STAT	E:	ZIP:		
PHONES: H	IOME:	WORK:		Cell:		
E-MAIL ADD	RESS:					-
DATE OF BIF	RTH:	AMA MEMBER	RSHIP NUM	BER:		_
Current me	embership will b	del Aeronautics me le verified with AMA ember 31 of current	before a		•	
DUES: The a	mounts shown refl	ect applicable Yearly du	ıes. <mark>(Janua</mark> ı	ry 1 to Decemb	oer 31)	
JUNI	OR :(18 and Older) OR :(under 18) LY :(All AMA Memb	ers in Immediate Family)	85.00 42.50 115.00			
A DEPENDE	nily members for fam NT family member sl re July 1 st of the year	nall be defined as a deper	ndent of an o	open member a	nd shall not have	e reached their 16 th
Name	Age	Phone				
		1, will pay ½ amount sho bber 1, will pay full amour			<mark>g year.</mark>	
	lete this application a	Amount: \$ and send it with your chec Inc."		 order, payable t	to:	
Mail To:		O Vern Doty, Treasurer				

Your membership card will be at the next meeting. Our CLUB meetings are held the first Monday at 7 PM each month. If you are not at the meeting, your card will be mailed to your listed address. www.indyrcmodelers.com

McCordsville IN 46055