

MEMBERSHIP APPLICATION
N.E. Kansas Blue Sky Squadron, Inc.
Academy of Model Aeronautics (AMA) Chartered R/C Club # 2826
<http://www.nekbssi.org>

NOTE: To be a club member, you must be and remain a current member of the AMA.

Full Name: _____

Nickname or preferred call name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Primary Phone: _____ Cell: _____

AMA Number: _____ Date of Birth: _____

E-Mail: _____

I have read, understand and agree to adhere to the AMA safety code, club by-laws and the decisions of the club officers.

Signature: _____ **Date:** _____

Annual Dues: (Dues are prorated quarterly for new members only, and are payable annually thereafter for the current year no later than the MAY meeting.)

Adult:	\$35.00
Youth (18 and under):	\$10.00
Family with youth under 18 years:	\$40.00

RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration of my/or my children, guests, or other persons participation in club or field activity, I hereby, for myself, my heirs, my executors and/or administrators, waive any and all rights and claims for damages against the N.E. Kansas Blue Sky Squadron, Inc., and any individuals elected or appointed to act as representatives of the N.E. Kansas Blue Sky Squadron, Inc. Also, none of the above is responsible for neither the loss of personal items nor any other form of aggravation in connection with club or field activities. I recognize that there may be potential hazards in this activity. In signing this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Full Name: (printed) _____

Signature: _____

PARENT/GUARDIAN (if under 18)

Full Name: (printed) _____

Signature of parent or guardian: _____