

Triad Aeromodelers, Inc. Membership Application

I do hereby apply for membership in understand, and hereby agree to abid Aeromodelers, Inc. Type of membership being applied for:	le by the Bylaws, Rules	
Adult (21 yrs. of age and over) Please print: Name:	Junior(Less tha	
Address:		
City:	State	Zip Code
E-Mail:		
	Mobile/Work	
AMA Number:	Years in R/C	Date of Birth:
Emergency Contact:	Contact Number:	
Place of Employment	Occupation	
Radio Frequencies	Spouse's Name:	
denied the payment I have made will b Signature of Applicant:	<pre>vill be promptly refunded to me Date:</pre>	
Signature of TAI sponsor certifying tha of TAI and recommendation for member		ructed of the Bylaws, Rules and Regulations
	Date:	
Signature of TAI Board of Directors M	ember Approving Applic	cant:
Signature:	I	Date:
Flying Requirements:		
Signature of TAI Members, with flying	privileges, attesting that	the applicant has completed three solo
flights at the official flying field: Signature:	т	Date:
Signature:		Date:
Signature:		Date:
Club Use Only - do not write in this h	block	
•		Dues Date
V. (1 C M L. VEC / N. D. (

Voted for Membership YES / No Date:_____