



MEMBERSHIP APPLICATION
ALVIN R/C MODELERS ASSOCIATION

Mailing Address: 2440 CR 180, Alvin, TX. 77511

Type of Membership Single____ Family____ Jr.____

First Name For Tag Last Name

AMA Number IMAA Number (if applicable) How Long in R/C?

Birthdate Occupation E-Mail Address

Family Member Age AMA Number Family Member Age AMA Number

Mailing Address City State Zip

Your Phone No. Emergency Contact Name/Relationship Their Phone

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How did you find out about us?(check) Friend ____ Hobby Shop ____ Web Site ____ AMA ____

List Reason(s) for Joining Alvin R/C Club (Optional) _____

Types of Competition You Are Interested In (Optional) _____

***I have read and will abide by all rules and regulations (attached) as adopted by the Alvin R/C Modelers Association (Alvin R/C Club).**

Applicant's Signature Date Family Member Signature (if app.) Date

Family Member Signature (if app.) Date Club Officer's Signature Date