



Hartwell Tailspinners Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ E-mail Address: _____

AMA #: _____

Frequency used: _____

Years flying RC: _____

Membership: Full Junior Family Associate

Signature: _____ Date: _____

Annual dues should be paid by January meeting of each year in order to remain an active member. This application form should accompany your payment. Please include a copy (if possible) of your current AMA card. Membership cards will be dispersed at the February meeting each year.

Dues schedule:

Full: \$85.00 annually (\$30.00 one time initiation fee for new members)

Junior: Under 18, No dues, no voting rights

Family: \$85.00 annually + Junior (Includes all flying members of the primary members Immediate family)

Associate: \$25.00

Please mail your dues and this form to:

Gary Devore

160 Hillandale Dr.

Hartwell, Ga. 30643

Or give to a Club officer! Only current AMA and club members are allowed to fly at the club field !

Exception: AMA members that are guests!