FLYING CARDINALS OF NORTHERN KENTUCKY

2019 Application For Membership

Type of Membership: Adu	ılt Senior Ju	nior		
AMA Membership Number :	IMAA#			
Name:		Date of Birth:		
Address:				
City:	State:	Zip:		
Phone:	e-mail address:	:		
Family Members Joining the Cl	ub:			
Name:	AMA #:	Age:	DOB:	
Name:	AMA #:	Age:	DOB:	
	ed on this form competently	•		
(Y / N): Appl #1	(Y / N): Appl #2	/ N): Appl #2(Y / N): Appl #3		
Have you been a member of and	, ,			
If Yes, the club name				
I agree to obey the by-laws, rule		g Cardinals of N	Northern Kentucky and the	
Academy of Model Aeronautics	(AMA).			
Signed or Guardian:		Date:		
When submitting	this application by mail	please includ	e the following:	
1. This completed, signed application				

- 2. A copy of your current AMA card
- 3. Applicant member fees (check payable to the Northern KY Flying Cardinals).
- 4. Self-addressed, stamped envelope.
- 5. Mail to: Lynn Ernst 10650 Aspen Place Union, KY 41091

 If paid by
 If paid by
 If paid on/after

 March 15th
 April 15th
 April 16th

 Adult*
 \$100.00
 \$105.00
 \$110.00

 Senior*
 \$80.00
 \$85.00
 \$90.00

Junior* Free 1st calendar year; \$25.00 per year till age 18

½ (50%) the annual dues if joining by August 1 st of calendar year.

¹/₄ (25%) the annual dues if joining by October 1 st of calendar year.

Annual dues for the upcoming year are due January 1st however must be paid per dues schedule

Any questions, contact membership@flyingcardinals.org

Once the Membership Director has received this completed application, payment of dues and has a copy of the applicant's current AMA card on file, the appropriate Pit Pass will be issued. New member with prior flying experience will be required to be "signed off" by instructor or two members prior to receiving a pit pass with a rating above student.

^{*}Age during current calendar membership year.