

# 2023 Barnyard Buzzards Model Airplane Club

## Membership Application



Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Additional Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ AMA #: \_\_\_\_\_

FAA ID: \_\_\_\_\_ FCC License: \_\_\_\_\_  
 RC Frequencies:  2.4 GHz  72 MHz  50 MHz  5.8 GHz  27 MHz Other (Specify) \_\_\_\_\_

Modeling Experience (including other current and previous club memberships)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Interest / Skills: (please check all that apply. Thank you!)

Building  Flying  Electronics  Covering  Painting  Experimental

Teaching  Event/Contest Director  Contest Judge  Want to learn

Other \_\_\_\_\_

Flying/Modeling Types:

Sport Flying  Pattern  3D  Quads  Helicopters  Competing in Events

Gliders  Crawlers  Excavators  Tanks  Boats  Sea Planes

Submarines  Scale  Glider Tug/Hi Start  Other: \_\_\_\_\_

Annual Full Membership is \$90.00 a year. Additional Family Member is \$45.00. Student Membership is \$25.00. Dues are due by the end of the March club meeting. Send your check, application form, and copy of your AMA membership to:

Steve Higgins (club secretary)  
 20330 10<sup>th</sup> Ave W.  
 Lynwood, WA 98036  
[Steve@surette.com](mailto:Steve@surette.com)  
 Thank you for your interest in RC!

By accepting membership, I hereby agree to abide by the AMA and club safety rules, By-Laws, and regulations governing club flying and regulated activities. I will maintain current membership in the Academy of Model Aeronautics (AMA) for as long as I actively participate in said activities in the Barnyard Buzzard Model Airplane Club (BBMAC).

In consideration of my use of the flying club activities, I agree to indemnify and hold harmless the land owner from and against all claims, damages, losses and expenses, including reasonable attorney's fees in case it shall be necessary to file an action suit arising out of my presence and use of the flying/modeling site, which is for bodily injury, illness or death, or for property damage. Caused in whole or in part by my negligent act or omission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ AMA Card Verified By \_\_\_\_\_