



Membership Application

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ AMA Number: _____

Home phone: _____

Work phone: _____

Email: _____ Occupation: _____

Calendar year being paid for: _____

Type membership (please circle): Regular -- \$72.00 per year

Junior/Student -- \$36.00 per year

Family (2 or more in same family) -- \$84.00 per year

New members joining in mid-year may prorate dues based on the number of months remaining in the calendar year: $1/12$ of annual dues X number of months remaining.

I certify that I am or have applied to be a member of the Academy of Aeronautics (AMA), and that I will abide by the Bylaws, rules and regulations of KCRC and the AMA. Also, that I will comply with the Federal Communications Commission regulations. I further agree to pay dues and necessary field maintenance for operation of KCRC.

Signed: _____ Date: _____ 20____

Please send application and dues to:

KCRC c/o Joel Hebert
3203 Solway Road
Knoxville, TN 37931
Phone: (865) 705-9618
Email: hebertjj@gmail.com