

Mercer County Radio Control Society

P.O. Box 84 Hightstown, NJ 08520



Membership Application

Name _____ AMA# _____
Last, First Initial

Address _____

Telephone (____) _____ E-Mail Address _____

Date of Birth ____/____/____ Age _____

Flying ability (circle one) Pilot Student Beginner Years flying R/C _____

R/C interests(sport?scale?) _____

R/C channels you use: _____

M.C.R.C.S. Members you know: _____

Other R/ C club memberships _____

How did you hear about MCRCS _____

Why do you wish to join MCRCS _____

Other interests and hobbies _____

I agree to abide by the Constitution, By-Laws and Safety Rules of the Mercer County Radio Control Society and the Academy of Model Aeronautics

Signature: _____ Date _____

Meeting Dates 1 _____ 2 _____ 3 _____ 4 _____ Vote Date _____