

KONA RC Flyers, Inc. 73-4269 Kiekie Street

Kailua Kona, HI 96740



Membership Application

Full Name (Please Print):	
Today's Date:Address:	Telephone:
E-mail:(Your e-mail address will be ava	(Most communication is by e-mail.) ilable to other members unless indicated otherwise.)
AMA#:	FAA#:
Amount Paid Check:	Amount Paid Cash:
•	January 1st. Annual dues are \$100. New member partial fter April 1st, \$50 after July 1st, and \$25 after October 1st. osit for new members.
	nediately, but you cannot fly models until you provide proof registration with the FAA to a corporate officer.
Agreements:	
model aircraft operations at all Kona RC 2. I agree to abide by and comply with that may be made to them during my me 3. I agree that as a condition of member RULES found in the Members Handboorevoking of my membership by a major 4. I agree to provide both the AMA and incident of bodily injury and/or property 5. I agree to EXEMPT AND HOLD HA	the Kona RC Flyers Inc. Bylaws, and to any changes or modifications embership period. It is ship my failure to comply with all the applicable SAFETY & FLYING took and/or failure to conduct myself in a proper manner may result in the city vote at a membership meeting. In a Kona RC Flyers, Inc. officer written notice within ten (10) days of any
Signatura	Date