



Internet: desertfoxflyers.com

## Application for Membership

(Instructions on Back of Form)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Year \_\_\_\_\_

Membership Level Requested (Senior \_\_\_\_ ) (Associate \_\_\_\_ ) See Instructions

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

(Please print clearly)

AMA # \_\_\_\_\_

(AMA membership is a requirement)

By signing this form you are agreeing to abide by all Club membership and safety rules. As an AMA Chartered Club member you also agree to abide by all AMA safety and flying code of conduct rules. You are responsible to provide Liability Insurance that will cover the cost of injury or damages to others or their property as a result of your piloting or use of a model airplane.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Phone) \_\_\_\_\_

Membership dues: Senior \$40.00, Associate \$10.00

Mail to: Desert Fox Flyers  
P.O. Box 22  
Littlefield, AZ 86432

Contact: Jeff Hunt (Club President)  
(435) 229-5728

# Membership Form Instructions

**Date:** Enter the date that you are completing the form.

**Membership year:** Enter the calendar year to which this membership application applies.

**Membership Level:** Check the appropriate space. A senior member is 18 years or older and/or a primary member of a family. An associate member is defined as being less than 18 years old and/or a spouse of a senior member.

**Name:** Enter your name, as you want it to be shown on club records.

**Address, City, State, Zip:** Enter the information for your residence.

**Mailing Address:** If your mailing address is different from your residence address enter it in the space provided. If it is the same leave this space blank.

**Phone:** Enter your home phone including area code. If you have a cell phone and want to have it in the club records, enter it with area code, otherwise leave the cell phone space blank.

**E-mail address:** If you have an e-mail address and want it used to receive meeting notices and minutes enter it here. The club would like to use e-mail when possible to simplify communications.

**AMA#:** Enter your AMA membership number. In order for the club's liability insurance to cover the club and you during your flying activities at the field, AMA membership is required. If you do not yet have your AMA membership but have applied, enter "pending" and notify the club contact when the number is received.

**Member Signature and Date:** Sign and date the form indicating you accept the conditions for membership.

**Emergency Contact:** Please provide the information requested. This is requested in the event you have an emergency at the field so an assigned person may be contacted.

Mail the completed form with the annual dues (shown on the front of this form) to the address shown at the bottom of the form or give it to the contact shown on the bottom of the form. If joining for the first time after March 1 dues are prorated at \$3.50 (Seniors) and \$1.00 (Associates) per month for the remaining full months in the calendar year.

If you need additional information call the club contact at the number shown on the front of this form.