

LANCASTER COUNTY R/C CLUB MEMBERSHIP APPLICATION

Full Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Birthdate: _____

AMA #: _____

Frequency #'s: _____

E-mail Address: _____

Please check one of the following:

I would like a club newsletter mailed to my house _____

I will read the club newsletter at WWW.LCRCC.US _____

Dues starting / / months remaining in year: _____

Junior (under 18) membership x \$1.50 per month _____

regular membership x \$6.00 per month _____

retiree membership x \$4.00 per month _____

SUBTOTAL _____

application fee \$6.00

TOTAL _____

(cash or check payable to LCRCC)

Applicant's Signature: _____