

# FVAC NEW MEMBERSHIP FORM

**New Member Assessment Fee: \$300.00** (For new memberships only.)

- Dues for Senior Members (18 years and over)** ..... \$100.00 per Member
- Dues for Junior Members (17 years and under)** ..... \$ 25.00 per Member
- Family Membership** ..... \$100.00 per Family  
*(Each family member must hold a current AMA membership)*

**Yes** Include me in the member only phone book       **No** Do not publish my information

PLEASE PRINT

Your Full Name:	AMA Number:	Age: <small>(Junior Members only)</small>	Dues Amount:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Your Complete Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Please list the R/C channel(s) you use:

\_\_\_\_\_  
Your Phone Number/s:

Your Work Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Your E-mail Address:

Total Payment Enclosed:  
\$ \_\_\_\_\_



**Complete and mail this form to:**

**FOX VALLEY AERO CLUB**

**P.O. BOX 837**

**ST. CHARLES, IL 60174-0837**



**Make checks payable to:  
"Fox Valley Aero Club"**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date