



CBRC Membership Application

Items in BOLD must be completed by every flying member.

Name: _____ AMA#. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ Birth Date: _____

TRUST #: _____ FAA Registration #: _____

I certify that I have read, understand and will comply with the FAA Letter of Authorization allowing CBRC to operate at its current location;

Signature _____

Date: _____

Check Membership Category: (Check one)

- New Member \$50.00** (one time initiation)
- Regular \$75.00**
- Senior \$65.00**
- Student \$30.00**
- Military \$0.00**
- Family \$100.00 See Note ¹**
- Life N/A**

Please enclose appropriate amount (no cash please). If you wish to have your CBRC stamp mailed to you, please enclose a stamped self-addressed envelope.

Mail to:

Chesapeake Bay RC Club
 C/O Stephen Barnett, Treasurer
 391 Chestnut Trail
 Crownsville, MD 21032

Note 1: This portion to be completed by primary family member. Family members include: spouse and dependents under 18.

Non-Voting Family Member Name:

