

PENINSULA CHANNEL COMMANDERS, INC.

**Ellsworth Crowell
424 Oxford Way
Belmont, CA 94002
650-591-0851**

APPLICATION FOR MEMBERSHIP

Please complete the following: Date: _____

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Telephone (Home): _____ Email Address: _____

Occupation (Optional): _____

What modeling experience have you had? _____

Do you own any RC equipment? If so, what make, number of channels and frequency? _____

Do you have an AMA license? If so, what is your license number? _____

What is your main interest in radio control flying (Sport, pylon, scale or what??): _____

For Membership Committee Use Only:

Applicant

Checked AMA License and Date: _____

Date Registration Fee Paid: _____

Date to be designated "Applicant" _____ Applicant Notified? _____

Name of Sponsor: _____ Copy of Field Rules Delivered? _____

PROSPECTIVE MEMBER:

Application Date: _____ Service Fees (List months paid) _____

RC Plane shown (What and When): _____

Dates meetings attended: _____

Date of meeting to be recommended as PM: _____ PM notified? _____

MEMBER IN GOOD STANDING

Age 16? _____ What participation in Club activities and when? _____

Date of meeting to be recommended as Members? _____ Notified? _____