

2018 New Member / Renewal / Snow Bird Application



Check One: New Member Renewal Snow Bird

(PLEASE PRINT CLEARLY OR TYPE ON ONLINE FORM BEFORE PRINTING)

Snow Birds – please provide local contact info on this form and complete the Snow Bird Permanent Residence Information Form with your permanent contact info.

AMA/MAAC #: _____ (must be included) Date: ____/____/____
mm dd yyyy

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

E-Mail Address: _____

Spouse Name: _____ Occupation: _____

Birthday: ____/____/____
mm dd yyyy

Level of RC Experience (check one): Beginner Less than 1 year 1 year or more

RCACF Member Since: ____/____
mm yyyy

Applicants must complete this membership application and submit it to the Membership Chairman with:

- A check payable to "RCACF" in the amount determined below
- A copy of FCC license (*six-meter members only*)
- For New Members or existing Members who wish to replace his/her existing photo, include a head and shoulders photo suitable for creating a Photo ID. If a digital photo is available, send immediately by e-mail to membership@rcacf.com
- A copy of his/her AMA Membership Card is **NOT** required as long as the AMA # is clearly printed or typed on the form except for members with the AMA Turbine Waiver. Please include copy of AMA card if Turbine Waiver included.
- All new Applicants under the age of 18 must also complete an RCACF – Parent / Guardian Consent Form and bring with the Parent and/or Legal Guardian to the initial meeting with an Instructor.
- All Snow Bird members must also submit a completed RCACF – Permanent Residence Information Form.

Membership Dues

RCACF Membership is based on the Calendar Year – January to December. For new members joining later in the year, the Membership Dues are based on a Quarterly Pro-ration method – see the chart below for rates.

Date Joined	Adults / Seniors	Juniors (Under 19)	Snow Bird (non-Florida Residents)
January to March	\$150.00	Free	\$20.00 per month
April to June	\$112.50		
July to September	\$75.00		
October to December	\$150.00*		

**Members joining in October to December pay the full year but receive the entire following year*

Snow Bird Membership

From ____/____/____ to ____/____/____
mm yyyy mm yyyy

Adult / Senior Membership Dues \$____.____

Junior (under 19) **Free**

Snow Bird Dues (\$20 x ____ months) \$____.____

Total Submitted \$____.____

Mail Application, Check & Required Documents to:

RCACF Membership Chairman
 P.O. Box 680704
 Orlando, FL 32868

As a member of RCACF, I agree to comply with all AMA and RCACF regulations and have read and understand the Club's current by-laws and will comply with them. I understand that a new member may be required to be interviewed by the Membership Chairman or other members of the Board as an element of the club's membership approval process.

Applicant's Signature: _____ Date: ____/____/____
(Parent or Guardian if applicant under 18)

RCACF Use Only

Approved by: _____ Date: ____/____/____
(RCACF Officer)

Amount Paid: _____
 Check #: _____
 Cash: _____