

TEHACHAPI CROSSWINDS

Membership Application

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____

AMA Number _____

Radio Channel(s) _____

Check Box **New Membership**

Renewal

	<u>Field Maintenance</u> <small>(One Time Fee)</small>	<u>Annual Membership</u>	<u>Paid Amount</u> <small>(New Membership Pro-Rated)</small>
<input type="checkbox"/> Full Membership	\$ 75.00	\$ 75.00	\$ _____
<input type="checkbox"/> Family Membership*	\$ 95.00	\$ 95.00	\$ _____
<input type="checkbox"/> Junior Membership	\$ N/A	\$ 40.00	\$ _____
<input type="checkbox"/> Associate Membership <small>(Non-Flying)</small>	\$ N/A	\$ 20.00	\$ _____

For Family **Membership please print additional names, AMA numbers, expiration dates, and signatures on back*

Make checks payable to Tehachapi Crosswinds

Membership expires on December 31. Your right to fly will expire.
Renew your membership by December 31 if you plan to fly next year.

I have read and agree to comply with Tehachapi Crosswinds Bylaws, Airfield Operational-Safety Rules, Frequency Control and all AMA SAFETY CODES for all model aircraft operations at the Tehachapi Crosswinds Flying Site and to any changes or modifications that may be made to them during my membership period. I understand and agree that as a condition of my membership my failure to comply with all applicable SAFETY RULES and/or failure to conduct myself in a Sportsman Like manner may result in the revoking of my membership. I understand and agree to notify AMA and Tehachapi Crosswinds Board written notice within thirty (30) days of an occurrence of any incident of bodily injury and /or property damage. I am very aware that model aircraft present hazards , and I Exempt and Hold Harmless Tehachapi Crosswinds, Golden Hills CSD, its Officers, Members, Employees and Consultants from all liability including personal injury, property damage, or death caused by me, or my guest's actions.

Applicants Signature

Print Name

Date

Legal Guardian Signature

Print Name

Date