

# Buckingham R. C. Flyers 2008 Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

AMA# \_\_\_\_\_

E-mail Address: \_\_\_\_\_

North Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

North Phone: \_\_\_\_\_

Applicants must be a current AMA member before flying.

Annual dues \$100.00.

Make checks payable to: Buckingham R.C. Flyers

Mail to: Buckingham R.C. Flyers

1403 Thompson Ave

Lehigh Acres FL 33972

Office Use Only:

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Type: Cash \_\_\_ Check \_\_\_ Check Number \_\_\_\_\_