

Lazy Eight Radio Control Club

Membership Application Form

lazy8rcclubjohnstownny.com

Date ____/____/____

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Telephone # _____

E-mail _____

AMA # _____

Please check type of membership you are applying for or renewing:

Senior Member only ____ **\$55.00**

Senior Member & any number of junior members ____ **\$55.00**

Senior Member & any family members (same household) ____ **\$65.00**

Please list any additional family members applying. AMA insurance is **required** for all who are applying for membership.

Spouse _____	Date of Birth _____	AMA # _____
Name _____	Date of Birth _____	AMA # _____
Name _____	Date of Birth _____	AMA# _____
Name _____	Date of Birth _____	AMA# _____

Applicant's signature _____ Date _____

Please mail applications to:

**Ed Plumadore
6 Heather Lane
Gloversville, NY 12078
Phone # 518-725-1025**

Radio Frequency Survey

Please list your transmitter brands, frequency #'s, and the number of planes on each frequency. Please use a separate sheet if necessary.

Brand

Frequency

Number of Planes

_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Payment received _____ Amount paid _____