



PROPSTOPPERS RC Club

Membership Application

PLEASE PRINT IN BLOCK LETTERS

NAME _____ BIRTHDAY _____ AMA# _____

ADDRESS _____ Apt. # _____ P.O. Box# _____

CITY _____ STATE _____ Zip _____

HOME Phone _____ WORK/MOBILE Phone _____

SPONSOR(S) _____

OTHER R/C FLYING CLUBS _____

ABILITY LEVEL: NOVICE _____ PILOT _____ EXPERT _____ HOW LONG _____

PLANES _____

REASON FOR JOINING PROPSTOPPERS

ALL MEMBERS OF PROPSTOPPERS OPERATE UNDER BOTH THE AMA RULES AND CLUB RULES. BY SIGNING THIS APPLICATION YOU AGREE TO LEARN AND ABIDE BY THOSE RULES. THE PENALTY FOR VIOLATION MAY BE TERMINATION OF MEMBERSHIP. THESE CONDITIONS ARE ESSENTIAL FOR YOUR OWN PROTECTION AS WELL AS THAT OF THE MEMBERSHIP, the CLUBS AMA CHARTER AND USE OF FIELD PROPERTIES.

I HAVE READ THE ABOVE STATEMENT. I UNDERSTAND AND AGREE TO MY OBLIGATION,

SIGNATURE

DATE

EMAIL

MAIL TO: Ryan Schurman
5200 Hilltop Drive HH23
Brookhaven, PA 19015