APPLICATION FOR MEMBERSHIP
R/C FLIERS OF VENICE, INC.

Please Print Clearly

Name: _____
First Middle Last

Spouse's Name: _____

Street Address: _____

City _____ **State:** _____ **Zip:**_____

Home Tel # _____ **Mobile Tel #** _____

Email _____ **Date of Birth** _____

AMA # _____ **FAA Registration #** _____

Flying Experience _____ **Require Instructor?** ☐

If you have a seasonal up-north address, please provide the following information:

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Tel #** _____

Signature: _____ **Date:** _____

Parent/Guardian: _____

16 or under must be accompanied by a Parent or Guardian during flying times

Charter Club #328

For Office use:	Amount	Paid
Initiation Fee	$60.00	_____
Annual Membership Fee	120.00	_____
Junior (20 or under)	$0.00	
	Check#	_____

PayPal or Check Only NO CASH

Mail to: David Walters
222 Padova Way
Venice, Fl 34275
330-352-6736
treasurerrcfv@gmail.com

(Rev 12/2021) JJJ