## Triad Aeromodelers, Inc. Membership Application

I do hereby apply for membership in Triad Aeromodelers, Inc., and certify that I have read, understand, and hereby agree to abide by the Bylaws and Rules and Regulations of Triad Aeromodelers, Inc.

Type of membership being applied for:  age)	Adult (21 yrs. of age and over) Junior (Less than 21yrs. of Associate
Please print:	Associate
Nama	
Name.	
Address:	
City: Sta	ate Zip Code
Date of Birth: Spouse	e's Name:
Phone No. Home	Work
AMA Number:	
E-Mail address	
Place of Employment	
Radio Frequencies	
E-mail address	
which I am applying in Triad Aeromodelers, application for membership is denied the pay refunded to me.  Signature of Applicant:  Signature of TAI sponsor certifying that applic Rules and Regulations of TAI and recommend Signature:  Signature:  Signature of TAI Board of Directors Member Asignature:	Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:
Flying Requirements Signature of TAI Members, with flying privile completed three solo flights at the official flying Signature:	ng field:
Signature:	Date:
Signature:	Date:
Club Use Only - do not write in this block	
Payment for base share and dues submitted: S	nare Dues Date
Voted for Membership YES / No D	Date: