

Southern Alameda County Radio Controller 2027 Renewal Form

Fill out applicable items and enter all name & address information. Please PRINT clearly!

NOTE: ALL renewing member must show proof of AMA membership to receive a new membership card.

Annual Membership Fees for Renewal Members:

Single, Full PRIMARYADULT (over 18) \$ 75.00 ____

Single, Full PRIMARY JUNIOR (under 18) \$ 30.00 ____

Non-Flying Membership Fee (Newsletter only) \$ 15.00 ____

Life and Compensated Members \$ 5.00 ____

Viola Blythe Foundation (donation) \$ ____

Total \$ ____

AMA Number _____ (All numbers will be verified with AMA)

Name _____

Phone (____) _____

Email _____

Address _____

City _____ ST _____ ZIP _____

I have read and agree to abide by the rules of SACRC.

Signature: _____

After January 31, add \$25 late fee.

Make check payable to SACRC, and bring to a Club meeting along
with proof of AMA, on the second Saturday of most months
Check www.sacrc.org for meeting dates

OR

mail check with membership form and proof of AMA to:

Burt Rosensweig
100 Mira St.
Foster City, CA 94404