

# FVAC NEW MEMBERSHIP FORM

**New Member Assessment Fee: \$300.00** (For new memberships only. Does not include dues.)

- Dues for Regular Members (19 years and over) ..... \$150.00 per Member**
- Dues for Junior Members (18 years and under) ..... \$ 25.00 per Member**
- Family Membership ..... \$150.00 1st Member**  
(\$25 for each additional family member with an AMA card, either a spouse or a child under 19 years old.)

**PLEASE PRINT**

Your Full Name:	AMA Number:	Birthdate:	Dues Amount:	Include me on the club email list.
_____	_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>

**Your Complete Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Please list the R/C channel(s) you use:**

\_\_\_\_\_

**Your Work Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Phone Number/s:**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Your E-mail Address:**

\_\_\_\_\_

\_\_\_\_\_

**What is Your Occupation:** (Please provide details)

\_\_\_\_\_

\_\_\_\_\_

**Total Payment Enclosed:**

\$ \_\_\_\_\_



***Make checks payable to:  
"Fox Valley Aero Club"***

***Complete and mail this form to:***  
**FOX VALLEY AERO CLUB**  
**P.O. BOX 837**  
**ST. CHARLES, IL 60174-0837**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date