

LONG ISLAND FLYING EAGLES

Membership Application

PLEASE PRINT:

Name: _____ Date of Birth: _____

Mail Address: _____ Apt No : _____

City: _____ State: _____ Zip: _____

Phone: Home; _____ ; Work/Cell; _____

AMA Number: _____ FAA# _____

E-Mail Address: _____

Occupation: _____

Years in the Hobby: _____ Pilot Proficiency: _____ New Student
_____ Beginner
_____ Intermediate
Sponsor: _____ _____ Expert
_____ Competition

Current RC Club Memberships: _____

STATEMENT: RULES AND SAFETY CODE COMPLIANCE; WAIVER AND RELEASE OF LIABILITY.

I hereby agree to comply with all Long Island Flying Eagles (L.I.F.E.) rules, Bylaws, field safety rules, and the AMA National Safety Code during my entire L.I.F.E. membership and I understand that my failure to comply may result in suspension or permanent dismissal from the Club. I agree that I must be a current AMA member, covered by AMA insurance in order to fly and that I will not fly if my AMA membership has lapsed. I accept the terms of the Club's Pilot Qualification Demonstration program as a prerequisite for unsupervised flight at the Club field.

I am aware that RC modeling may present hazards to participants and spectators. I exempt, waive and relieve the L.I.F.E. Club and its officers, members, contest directors and L.I.F.E. Club flying site owners from all current and future liability for personal injury, property damage, or wrongful death caused by accident, negligence or otherwise.

This waiver shall be in force at all times I am a member of the L.I.F.E. Club, and the waiver does not require my ressignature when I renew my membership.

Signature of Applicant

Date

If applicant is less than 18 years of age, parent or guardian must also sign application.

Date