

SOUTH WEST FLYERS R/C CLUB

A Model Aeronautical Association of Canada Chartered Radio Control Model Club

545 Lake Vaughan Rd. Tusket, NS B0W 3M0

ANNUAL MEMBERSHIP APPLICATION

YEAR: _____ FEE: 1st Year Free

Last Name: _____ First Name: _____ Initial: _____

Address: _____

Town: _____ Prov. _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

MAAC No. _____ MAAC card must **be current**, before flying at club fields, for insurance to be in force.

NOTE: If not a member of MAAC, you must email MAAC # to jgavel53@gmail.com as soon as you receive it

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RC Interest Categories: (Please Circle)

SPORT - SCALE - FLOATPLANE - HELICOPTER - SCALE AEROBATICS

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Membership Conditions

I will abide by the approved agreements, rules and operational regulations that have been established, or will be established in future, by majority vote of the South West Flyers RC Model Flying Club and the Model Aeronautics Association of Canada, including the following:

1. The land use agreement with the landlord includes the requirement for the club and all members to provide liability insurance on the field and all members. This means the club must be a MAAC Chartered Club and all individual Club Members must be members of MAAC. Therefore no flying can take place until a current MAAC card is available for each member, and the annual MAAC Charter is renewed.
2. The Operational Regulations for members flying at the club field shall be read and understood by all members. All members agree to follow these Safety Regulations.
3. Club membership dues become due on January 1st of the applicable year. Person joining after Sept. 15th shall have their dues credited for the following season.
4. Club Officers and membership fees will be set at an annual meeting held within the first 3 months of the calendar year.
5. All expenses such as equipment repairs or purchase and field improvements, will use surplus membership funds, or, by individual project which will be funded by the Club as a majority of members may agree.

Signature: _____ Date: _____