

APPLICATION FOR MEMBERSHIP

 New Member Application
 Renewal Application

NAME:		FEE: \$20.00
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER(S)		
HOME:	CELL:	OTHERS:
BIRTHDAY: Month & Day Only	E-MAIL:	

OTHER FAMILY MEMBERS THAT WOULD LIKE MEMBERSHIP (Other members if over 12 \$20.00 under 12 free)			
NAME:	BIRTHDAY	NAME:	BIRTHDAY
	Month & Day		Month & Day
NAME:	BIRTHDAY	NAME:	BIRTHDAY
	Month & Day		Month & Day

Dues paid by: _____ check # _____ or _____ cash

MAKE CHECKS PAYABLE TO WRCPBC PLEASE RETURN APPLICATION & DUES TO TREASURER

Office Use Only:	<input type="checkbox"/>	_____ Card Shown	Number: _____	For _____
Officer: _____	<input type="checkbox"/>	_____ Card Shown	Number: _____	For _____
	<input type="checkbox"/>	_____ Card Shown	Number: _____	For _____
	<input type="checkbox"/>	_____ Card Shown	Number: _____	For _____

I agree to abide by WRCPBC constitution, bylaws, rules and regulations. I agree to continue membership in this club in a sportsmanlike manner. Any failure to comply will result in immediate forfeiture of my membership.

Signature of all applicants required

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Wichita R/C Power Boat Club