



# CCRCC

## Capitol City RC Club

### Membership Application/Renewal

Name:	Birthday:	email:
Address:		
Home Phone:	Cell:	
AMA#:	Expiration Date:	

Membership Fees: \$45.00 Annually.

Community College Program Special Student Membership Fees; \$20.00 annually

In an agreement between the City of Jackson and CCRCC, pilots are required to be paid members of AMA & CCRCC. Exceptions: invited guests and advertised special events. The intended purpose of this agreement is to insure safe and proper operation of all activities at Hinkle Field as per AMA guidelines and to preclude any liability to the City of Jackson. The repairs, maintenance, porta-john, expense and operation of Hinkle Field is the responsibility of CCRCC.

Check box that you have read and are in agreement with the following statement;

I agree to support and adhere to the By-Laws and Field Rules of the CCRCC and to fly my models in accordance with AMA Safety Code. I understand that any willful violation of CCRCC Field Rules or AMA Safety Code will result in a review by the CCRCC Board of Directors which may lead to suspension of membership and loss of flying privileges at any CCRCC flying field. I understand that I must maintain a current valid full AMA and CCRCC membership to fly at any CCRCC flying field.

Check box that you have read and are in agreement with the following statement;

I hereby agree **not to hold** the Club responsible in any legal ramifications for my actions, if I am in violation of any local current laws, violation of any AMA or any FAA rules that apply to my activities at the Club's Facilities. I fully understand that the Club is not responsible to police any FAA rules, if such FAA rules **do or do not** apply to my methods or equipment I use in the remote-control aircraft hobby.

Check if you are a Community College Program Special Student that you have read and are in agreement with the following statement and note that all check boxes above also apply to Community College Program Special Students; "I understand that as a Community College Program Special Student I will not have any voting rights."

**NOTE electronic online and email; you may just type or print your signature & date. I scan mailed forms and "Save As" email forms and we do not want your written signature in electronic form. Please first download and save form to your computer, fill it out, save it again and then email with "CCRCC application" in email SUBJECT box to; [4codeman@att.net](mailto:4codeman@att.net). If you are sending in dues with form, then USPS mail to Club PO Box or bring dues and form to the Club meeting. Each yearly renewal or new member will require form and dues. **REMEMBER TO PRINT YOUR SIGNATURE.****

Signature Date

Please mail your application and check to:

**CCRCC**

**P. O. Box 320692**

**Flowood, MS 39232-0692**