



MEMBERSHIP FORM

Springfield Radio Control Club Black Sheep Squadron Springfield, Missouri

Name: _____

Name of significant other: _____
(Optional)

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Office or Cell: _____
(Optional)

Radio Frequencies You Will Broadcast On: _____

E-Mail Address: _____

AMA Membership Number: _____

Note: Proof of membership in the AMA is required for membership in the Blacksheep Squadron.

All members are to complete and sign this form, mail a copy of your AMA card along with this form and include a check payable to SPRINGFIELD R/C CLUB to:

William "Bob" Schwandt, Treasurer
3638 W Driftwood St
Springfield, MO 65807

Phone: 417-268-0088
Email: Treasurer@mchsi.com

By paying my dues, I agree to follow the club rules as well as the AMA published rules.

Signature

Date