



WEST COAST RADIO CONTROL AIRCRAFT FLYERS SOCIETY

2017 MEMBERSHIP APPLICATION FORM

RENEWAL _____ NEW MEMBER _____ BIRTHDATE _____

W.C.R.C.A.F. MEMBERSHIP FEES ARE:

Open Member renewal & New Members \$50.00
Junior Member renewal & New Junior Members (Under 18 years) \$25.00
Associate Member (Non-Flying) \$20.00 Total fees payable _____

eTRANSFER _____ CASH _____ CHEqUE _____
(E-mail treasurer@wrcraf.com for instructions) (Make cheque payable to W.C.R.C.A.F.)

Surname: _____ Given Name: _____

Street Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Work Phone _____

M.A.A.C. #: _____ E-Mail Address: _____ Frequencies: _____

**Note: Please attach a photocopy of your MAAC Card to the Membership Application form.
The WCRCAF Club Card will only be mailed to the member when all information has been collected
(including the photocopy of the MAAC Card).**

Permission to add your E-Mail address to club contact list YES _____ NO _____

Area of Interest (sport/electric/heli/etc.) _____

Do you require the assistance of an instructor?: _____

Are you willing to volunteer as a member of a committee or in any other way?: _____

WAIVER OF LIABILITY

I hereby acknowledge and agree that, as a member of the West Coast Radio Control Aircraft Flyers Society, I use the property and facilities under the control of or used by the Society at my own risk and hereby hold blameless the Society, its directors, its officers and the owners of any such property or facilities from any suit, cause, action or claim resulting from my use of such property or facilities.

I further agree to hold blameless the Society, its directors, its officers and its instructors in the event of any accident involving damage to or loss of models or property, personal injury or loss of life resulting from the operation of my model aircraft regardless of whether said aircraft was under the control of myself or an instructor at the time of the accident.

The Society acknowledges that this waiver in no way affects the applicant's rights or benefits under any insurance coverage provided by the Model Aeronautics Association of Canada or other insurer.

Applicant's Signature: _____ Date: _____

DUES ARE PAYABLE ON OR BEFORE JANUARY 1ST OF EACH YEAR.

Mail payment and proof of MAAC along with this application to:

W.C.R.C.A.F., c/o Michael Pede, 1955 Coquitlam Avenue, Port Coquitlam, BC V3B 1J2