



WCRCAF

WCRCAF MEMBERSHIP APPLICATION FORM

RENEWAL _____ NEW MEMBER _____ BIRTHDATE _____

WCRCAF MEMBERSHIP FEES ARE AS FOLLOWS...

Member Renewal and New Members	\$75.00	
Junior Members, New or Renewal (under 18)	\$50.00	TOTAL PAYABLE
FEES _____	-Associate Member (<u>non flying member</u>)	
\$25.00		

CHEQUE _____ CASH _____ e-TRANSFER _____ (e-mail treasurer@WCRCAF.com for e-Transfer instructions)

Make Cheques Payable to WCRCAF

PLEASE PRINT CLEARLY

Surname: _____ Given Name: _____

Street Address: _____ City: _____ Province: _____

Postal Code: _____ Contact Phone Number: _____

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

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 _____ (so you can receive club notifications)

Area of Interest (sport/electric/heli/fpv/multirotor etc) _____

Do you require the assistance of an instructor? _____

Wings Proficiency Level A B C D / Blades Proficiency Level A B C D E (circle highest

obtained)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 will 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.

I have read and understand the WCRCAF Field Rules and will follow these Rules and the Rules of MAAC as defined in their Web Site.

Applicant's Signature: _____ Date: _____

DUES ARE PAYABLE ON OR BEFORE JANUARY 1st OF EACH YEAR

**Mail payment, proof of MAAC along with this Application to -
W.C.R.C.A.F., c/o Doug Comrie, 9334 211th Street, Langley B.C. V1M 2B3**