

WEST COAST RADIO CONTROLLED AIRCRAFT FLYERS MEMBERSHIP APPLICATION FORM

Welcome to WCRCAF! Please complete all fields below except those marked optional. If applying as a family or group, please complete one form per applicant. All personal information is kept confidential and used for administration and communication purposes only. Please direct any inquiries or comments to info@wcrcaf.com or phone Terry at 604-790-9462.

Personal Information	
Last Name:	Address:
First Name:	City:
Phone No:	
Email:	Province: Postal Code :
Birthdate:	
Flying Information	
Do you have previous flying experience?	No Yes, number of years:
What are you interested in flying? (e.g. Helis	, Planes, FPV, Drones, etc.):
Do you have a Proficiency Level?	☐ Wings ☐ Blades Level: ☐ A ☐ B ☐ C ☐ D ☐ E
Are you interested in instructor assistance, w	hen available?
Membership Fees	
October 1st, membership will be extended to	(January-December) and are renewed annually. If joining after the following year. If you don't plan on flying and want to join for othership. Please note, membership fees are non-refundable
Please select the desired membership type:	☐ Adult (18+): \$75 ☐ Junior: \$50 ☐ Associate: \$25
MAAC Insurance	
Members planning to fly are required to regist Association of Canada (MAAC). This organical flying clubs nationwide and covers member (approx. \$100/yr). If you don't yet have a Mahttps://www.maac.ca before submitting this a	zation provides rules & regulations for ers with a \$7.5 Million liability policy AAC number, please sign up at
MAAC #:	Expiry Date:

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Please confirm each statement with a checkmark and sign below. I acknowledge that membership fees are due annually on January 1st and non-refundable. I agree to adhere to the WCRCAF Field Rules, the MAAC Safety Code, and the MAAC Code of Conduct as a condition of membership and during all club activities. Click links or visit the corresponding website to view the documents. I hereby acknowledge and agree that, as a member of the West Coast Radio Controlled 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.

To submit this application:

Applicant Signature

1. Please ensure the application has been signed and all relevant fields have been completed, including MAAC number.

Date

- 2. Send payment of \$25, \$50, or \$75 via e-Transfer to treasurer@wcrcaf.com (auto-deposit). Or, if preferred, send a cheque to the mailing address below. Please DON'T send cash.
- 3. Send this application to WCRCAF by mail or email:

By Mail:	By Email:
WCRCAF % Doug Comrie 9334 211th Street, Langley BC V1M 2B3	Please photograph each page and ensure each image is clear, well-lit, and legible. Then send to: secretary@wcrcaf.com