

KONA RC Flyers, Inc.

77-6436 Kilohana St. Kailua Kona, HI 96740



2020 Membership Application

Full Name (Please Print):	
Today's Date:	Telephone:
Address:	
E-mail: (Your e-mail address will be a	(Most communication is by e-mail.) available to other members unless indicated otherwise.)
AMA#:	FAA#:
Amount Paid Check: (Make checks payable to KON)	Amount Paid Cash:
January. Partial year dues are \$60.00 pafter 1 October. We will accept your payment in	0 for key paid by 31 December for the year beginning 1 paid after 1 April, \$40.00 paid after 1 July and \$20.00 paid immediately, but you cannot fly models until you provide proof and registration with the FAA to a corporate officer.
Agreements:	
model aircraft operations at all Kona 2. I agree to abide by and comply we that may be made to them during my 3. I agree that as a condition of men RULES found in the Members Handrevoking of my membership by a my 4. I agree to provide both the AMA incident of bodily injury and/or prop 5. I agree to EXEMPT AND HOLD	ith the Kona RC Flyers Inc. Bylaws, and to any changes or modifications y membership period. The hership my failure to comply with all the applicable SAFETY & FLYING dbook and/or failure to conduct myself in a proper manner may result in the ajority vote at a membership meeting. The analysis of the hership meeting and a Kona RC Flyers, Inc. officer written notice within ten (10) days of any
Signature:	