

CINCINNATI SILENT FLYERS MEMBERSHIP FORM
(ALSO USED FOR NEW MEMBER APPLICATIONS)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS

HOME: _____ CELL: _____

EMAIL: _____

DATE OF BIRTH: _____ (OPTIONAL)

AMA Membership Number: _____
(Required for CSF membership)

TYPE OF MEMBERSHIP: INDIVIDUAL (\$65/ YEAR) _____ FAMILY (\$85/ YEAR) _____

ADDITIONAL FAMILY AMA NUMBERS _____

Current Membership paid through (year)? _____

Years of RC Flying Experience? _____

HOW DID YOU FIND OUT ABOUT THE CSF? _____

CURRENT RADIO FREQUENCIES?

Examples:

JR 6102

Spektrum

Radio

31

2.4GHz

Frequency/ Channel

COMMENTS: _____

Note:

Please fill out and mail, along with your dues, to:
Kevin Krieg
5566 Oakvista Drive
Madeira, OH 45227