

R/C Outlaw's

2013 Membership Application

Non-Profit Organization

Last Name:		First Name:				
Street Address:						
City:		State:		Zip:		
Home Phone:						
Date of Birth:	Month:		Day:		Year:	
E-Mail Address:						
Radio Channel Numbers:						

SPECTRUM RADIO: YES NO

\$25.00 – IND. Membership: YES NO

\$40.00 – FAMILY MEMBER: YES NO

If family membership please list additional family member names:

1.	4.
2.	5.
3.	6.

Annual dues are for the calendar year of Jan 1st – Dec 31st

ANNUAL RENEWAL: YES NO

NEW MEMBERSHIP: YES NO

I have read and agreed to abide by the R/C Outlaws By-Laws and rules. Failure to comply may result in loss and revocation of membership!

Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO: R/C OUTLAW CLUB

Send Completed Application with dues to:

Gateway R/C
110 E. Main St.
Collinsville, IL 62234

RCOutlaws.org