

# Flying Knights Model Aircraft Club

FlyingKnights.com

## Membership Application Form 2025

(For New Applications, Renewals, and Information Updates)

This is a: New Application \_\_\_ Renewal \_\_\_ Member Information Update \_\_\_ # of Years as a Member \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ AMA number \_\_\_\_\_  
Last First Initial

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Turbine Waiver# \_\_\_\_\_ Radio Channels Used \_\_\_\_\_

Send Newsletter via (check one): Email (Full Color) \_\_\_\_\_ US Postal Service (B&W Hard Copy) \_\_\_\_\_

Membership Fees (Please circle one):

Adult/ Family Membership (19 or older) \$100

Junior Member (under 19) \$5

New Membership Applications, Renewal and Info. Updates:

Please send this completed form with a copy of your current AMA card to:

**Gene Lezatte**  
**3072 Sleepy Hollow Rd.**  
**Unit 2063,**  
**Athens, NY 12015**

Upon receipt of your application, you will be notified to attend the next regular FKMCA meeting. At that meeting your application will be presented for club approval. Membership fees are payable at that time as well.

By signing below, I affirm and agree that I will, at all times, comply with all safety rules, general rules, procedures and bylaws of both the Academy of Model Aeronautics (AMA) and the Flying Knights Model Aircraft Club (FKMAC). I further agree to abide by any changes or modifications that may be made to these rules during my membership period. I understand and agree that as a condition of membership my failure to comply with any of these rules and/or failure to conduct myself in a Gentlemanly / Ladylike manner will result in the revoking of my membership. I understand and agree to provide the AMA and the FKMCA President with written notice within ten (10) days of any occurrence of any Incident of bodily injury and/or property damage while operating an RC model aircraft. I am very aware that model aircraft operations present hazards, and I EXEMPT AND HOLD HARMLESS THE FLYING KNIGHTS MODEL AIRCRAFT CLUB, its OFFICERS and its MEMBERS from all liability including personal injury, property damage, or death caused by me, or my guest's actions. I also affirm that I have read, understand, and accept the rules, procedures and policies.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian of Applicant under 18 must also sign \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor (required for new members) \_\_\_\_\_ Date \_\_\_\_\_

Flying Knights Model Aircraft Club  
Emergency Contact Information  
**2025**

Should you be involved in an accident with a serious injury or have a medical problem occur at the club field, requiring medical aid and possible transport to a hospital facility, the club has a duty to pass the information along to someone you designate.

Please supply contact information for a person or persons you wish us to contact:

Your Name: \_\_\_\_\_

Your Phone #: (     ) (     -     ) Cell (     ) (     -     )

Emergency Contact #: (     ) (     -     ) Cell (     ) (     -     )

Contact Name: \_\_\_\_\_

Second Contact: \_\_\_\_\_

Emergency Contact #: (     ) (     -     ) Cell (     ) (     -     )

*If you have special medical needs information, where do you carry it (e.g., wallet, wrist, pendant)? Info will be kept in the shed for emergency use only.*

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