

Membership Application Form

Flying Season 2025



Date of Application: _____

Name: _____

Street Address: _____

Apartment Number (if applicable): _____

City: _____ State: _____ Zip: _____

Date of Birth _____

Phone Number(s): _____

Email Address: _____

AMA #: _____ (Current Membership is required for Application)

Radio Frequencies _____ / _____ / _____

Interest (Circle all that apply): Power Glider Helicopter Other _____

How did you hear about our club? _____

New Dues as of February 1, 2024:

Family	Adult	Senior Citizen (65 and older)	Junior (under 15)	Senior (15 to 18)	Associate (non-flying)
\$91.00	\$70.00	\$49.00	\$14.00	\$35.00	\$23.00

Bring this application, payment and proof of AMA Membership to a club meeting for annual renewal. An Open AMA Membership is required to fly at the Skyhawks field.

If you are unable to pay at a club meeting, send this application, payment and proof of AMA membership (photocopy of card) to the following address:

Cedar Rapids Skyhawks
6811 Surrey Drive NE
Cedar Rapids, IA 52402

See you at the field.....