

**APPLICATION FOR MEMBERSHIP TO
ROSS OHIO RADIO KONTROL SOCIETY
(RORKS)**

Name _____

Address _____

City, Zip _____

Telephone No. _____

E-mail _____

AMA No. _____

Birth Date _____

*As a condition of membership in RORKS, I will join the Academy of Model
Aeronautics (AMA), abide by the AMA safety code, and all rules and bylaws of the Ross Ohio
Radio Kontrol Society.*

Signature _____

Membership Date _____