

Prescott Valley Silent Flyers

Membership/Annual Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Spouse's Name: _____

AMA#: _____ Verified: _____ email: _____

Radio Channels Used: _____

R/C Sailplanes: Flying: _____ Competition: _____ Building: _____ Designing: _____ Teaching: _____

Sailplane Flying Skill: Beginner: _____ Novice: _____ Experienced: _____ Advanced: _____ Expert: _____

LSF: Not Yet Involved: _____ Level I: _____ Level II: _____ Level III: _____ Level IV: _____ Level V: _____

Briefly tell us about yourself:

Please Read Carefully: By signing this application I certify that I have read and will comply with the PVSF club rules, field safety rules, and AMA Safety code. I acknowledge that violation of said rules could result in loss of flying privileges and/or membership in the PVSF club.

Individual PVSF Membership Dues (Per Year/Per Person): \$20.00

Please make your check payable to – Prescott Valley Silent Flyers

Signed: _____ Date: _____

Send Payment To:
Ron Krifchin
7480 E Sunrise Ct.
Prescott Valley, AZ 86315
928.848.0095

If you have questions please contact:

Rick Bothell @ rbothell@cablone.net

[Prescott Valley Silent Flyer Web Site](#)