

APPLICATION FOR MEMBERSHIP
FIRST WEEDWACKER AERO SQUADRON
P.O. Box 2044 Lakeside, CA 92040



(Please Print)

NAME:			
ADDRESS:			
CITY:		ZIP:	
TELEPHONE:		BIRTH DATE:	
e-mail Address:			
AMA #:			

NOTE: You must show your current AMA card or proof you have joined the AMA in order to fly at the club field and/or join the club or we can check your status online with AMA.

CLUB FEES ARE:

Annual Dues: \$ 80.00¹ per year; prorated for new members only in their first year at \$ 6.67 per full month.

Initiation fee \$ 50.00 per family.

JUNIORS less than 19 years of age are FREE.

Dues are 1/2 Price for additional immediate family members.

I have read and understand the Club Bylaws, Club Field Rules, AMA Safety Code and the San Diego County Department of Parks and Recreation Lease Agreement and agree to abide with these rules.²

SIGNATURE: _____ DATE: _____

Meetings are held at the club field at 9:00 AM on the first Saturday of each month.

The following to be filled in by a Club Officer:

FEES & DUES COLLECTED BY: _____ Date: _____

AMOUNT: _____

Complete the application and mail it to the club Treasurer, bring it to a regular monthly meeting or deliver it to any Club Officer.

Payment may be by cash, check (made out to Weedwackers or FWAS), or to **PayPal.weedwackers@gmail.com**.

Prerequisites:

- ☐ AMA current (visual sighting of card or confirmation through AMA database)
- ☐ No known disciplinary issues in other clubs or the AMA
- ☐ FAA Registration Verified³
- ☐ CEAP and Boundary Seminar completed⁴: _____ Date: _____

¹ For all renewing members, the full \$80 dues are required regardless of the month that dues are paid.

² All documents are available at www.weedwackers.org in the Downloads section, or from the Board of Directors at any club meeting.

³ Member must present evidence that FAA sUAS Registration is complete

⁴ CEAP seminar to be performed by any EAST; Boundary briefing performed by any Board member, Safety Officer or Field Marshal

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Proration Table

For new members, dues are prorated to begin the next full month of membership. For example, when joining in April, dues for eight months are collected. Additional immediate family member dues are half of regular dues with no additional initiation fee.

If joining in:	Prorated months	Prorated dues:	With Initiation fee:	Additional family member
Jan	11	\$ 73.33	\$ 123.33	\$ 36.67
Feb	10	\$ 66.67	\$ 116.67	\$ 33.34
Mar	9	\$ 60.00	\$ 110.00	\$ 30.00
Apr	8	\$ 53.33	\$ 103.33	\$ 26.67
May	7	\$ 46.67	\$ 96.67	\$ 23.34
Jun	6	\$ 40.00	\$ 90.00	\$ 20.00
Jul	5	\$ 33.33	\$ 83.33	\$ 16.67
Aug	4	\$ 26.67	\$ 76.67	\$ 13.34
Sep	3	\$ 20.00	\$ 70.00	\$ 10.00
Oct	2	\$ 13.33	\$ 63.33	\$ 6.67
Nov	1	\$ 6.67	\$ 56.67	\$ 3.34
Dec	12	\$ 80.00	\$ 130.00	\$ 40.00