

Colonial Virginia Aeromodelers
AMA Chapter 1474
 www.FlyCVA.com
 Located on Route 5, Charles City County Williamsburg, VA



2024
MEMBERSHIP
APPLICATION

Name _____ Date ____/____/____
Last First/Preferred

Address _____ City _____ State ____ Zip _____

Date of Birth ____/____/____ (Required by AMA) AMA No. _____
Month Day Year

Preferred Phone:
 (Home) (____) _____ Spouse's Name & AMA No. _____
 (Cell) (____) _____

CHECK MEMBERSHIP TYPE.....DUES

- Open Member** **\$85.00**
(Birthday before July 1, 2005)
- Youth Member** **No Fee**
(Birthday after June 30, 2005)
- Associate Member (Non-Flying)** **\$10.00**
- Family Membership** **\$85.00**
(Includes Spouse and youth members)

NOTES:

1. To qualify for Pro-ration of your Dues as a new member, you must not have been a member of CVA for the past two years.
2. To operate any aircraft, or otherwise use the CVA facility, you must be a CVA member in good standing.
3. The maintenance assessment is a one-time fee that is paid the first time that you join as an Open Member.

Pro-ration of dues:

(New members ONLY, see Note 1)

Jan....\$85.00 Jul.....\$49.00
 Feb....\$79.00 Aug...\$43.00
 Mar...\$73.00 Sep....\$37.00
 Apr....\$67.00 Oct....\$31.00
 May...\$61.00 Nov...\$25.00
 Jun....\$55.00 Dec....\$19.00

Check Correct Boxes

- New Member**
- Renewal Member**

I AGREE TO ABIDE BY ALL CVA CLUB RULES, BYLAWS AND THE AMA SAFETY CODE AND TO DISPLAY MY CVA MEMBERSHIP CARD WHEN CONDUCTING FLYING ACTIVITIES.

MEMBERSHIP DUES \$ _____

MAINTENANCE ASSESSMENT
 \$35.00 (See Note 3) \$ _____

Total \$ _____

Signature _____

You will be notified by e-mail when the monthly newsletter has been published to the web. *(Please print clearly)*

Enclose a check made out to CVA. (AMA membership will be verified on the AMA website prior to approval for CVA membership)

MAIL TO ----->

Jon Persons
6339 Centerville Rd.
Williamsburg, VA
23188

_____@_____
E-mail Address