



**Application for Membership
Quad-Cities SkyRaiders**

Name _____
 Address _____
 City _____
 State & Zip Code _____
 Phone _____
 Email _____
 AMA# (required) _____
 Frequency #s _____

By signing this membership application, I agree to abide by all the AMA's rules and regulations along with the Quad Cities SkyRaiders' By-Laws and Flying Site Rules.

Signature: _____

Make check payable to:

Quad-Cities SkyRaiders

Mail this application along with your check and a self-addressed, stamped envelope to:

Skip Chick
 4521 12th Street
 East Moline, IL 61244

Single membership	\$20
Senior membership	\$15
Junior membership	\$10
Family membership	\$20
for each dependent	\$ 5
Associate membership	\$ 5
Initiation fee	\$10
Junior initiation fee	\$ 5