



# Radio Control Flying Club of Toronto

Application / Renewal Membership Form [www.rcfctoronto.ca](http://www.rcfctoronto.ca)

Applicant Information			
First Name:		Last Name:	
		Same as Last Year <input type="checkbox"/>	
Address:			
City:	Prov:	Postal Code:	
Date of birth:	Home Phone:	Mobile Phone:	
email address:			
MAAC insurance Information			
MAAC No :		Renewal Date:	Expiry Date:
Notes:			AMA No:
Emergency Contact (optional)			
Name:		Phone:	
Address:			
Membership Schedules	Fee Schedule	Amount	Notes
1) Open (18 to 59 yrs of age)	\$ 100.00	\$	1) Temporary membership <b>new in 2017</b> <i>(working in conjunction with MAAC Temporary insurance trial program ).</i>  2) After Aug 1st Club fees are half of the annual amount  3) New Student members after September 1st pay full annual amount and fees are covered for the following year  <b>Members without "wings" must submit a "Declaration of Liability form"</b>
2) Senior ( 60 yrs and Over)	\$ 75:00	\$	
3) Junior (under 18 yrs of age)	\$ 40:00	\$	
4) Temporary Member (Jan to July)	\$ 50:00	\$	
5) Affiliate Membership ** (See below)	\$ 50:00	\$	
6) New Member Initiation Fee	\$ 40:00	\$	
Total Enclosed :		\$	
Payment Type: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interact <input type="checkbox"/> Other <input type="checkbox"/>			
MAAC Wings Program			
Do You Have Your Wings: Yes <input type="checkbox"/> No <input type="checkbox"/> Wings from another Club? <input type="checkbox"/> Heli Wings <input type="checkbox"/> Multi Rotor <input type="checkbox"/> Sail Plane <input type="checkbox"/> Other <input type="checkbox"/>			
Other Training:			How long?
Conditions of Membership			
<p>I, the undersigned, do hereby agree to abide by all the field &amp; Safety rules of the RCFCT. I will respect all of the rules posted at the field. I will not fly gas/glow before 9:00 am Monday to Saturday, or before 10:00 am on Sunday or Holiday. I will practice good sportsmanship at all times. I am a member of the Model Aeronautics Association of Canada (MAAC) for the current Year.</p> <p style="text-align: center;"><i>(Membership in the club is subject to approval by the executive.)</i></p>			
Signature of applicant:			Date:
Make Cheques payable to: <b>Radio Control Flying Club of Toronto (RCFCT)</b>		Mailing Address: PO Box 4024 MCCOWN Square PO Scarborough ON M1H 0A4	<b>For RCFCT Use Admin</b> In Data Base <input type="checkbox"/> MAAC Card Valid <input type="checkbox"/>
Contact Information: Demetri Giokas Membership Officer 2017 - email: <a href="mailto:membership@RCFCToronto.ca">membership@RCFCToronto.ca</a> Phone : 416 219-2608			
** Affiliate Membership - The <b>Applicant</b> must be a member in another RC Club.			Rev Aug 07, 2017

## Declaration of Liability

I, \_\_\_\_\_, a fully paid-up member of the Radio Control Flying Club of Toronto, in consideration of the acceptance of my membership and/or my receiving instruction in the flying of my radio controlled model aircraft, hereby remise, release and forever discharge the Radio Control Flying Club of Toronto and the instructor or instructors from time to time having control of my model aircraft from all manners of actions, cause of action, claims or demands in respect of damage to or loss of my model aircraft, however caused, arising out of, or in connection with, my taking part in the instruction programme provided by the Radio Control Flying Club of Toronto.

And for the consideration aforesaid, I do hereby covenant and agree that I will hereafter indemnify and save harmless the said Radio Control Flying Club of Toronto and the instructor or instructors from time to time all claims and demands in respect of the operation of my radio controlled model aircraft, and covenant and agree to pay and discharge all damages, losses, costs, charges and expenses which the Radio Control Flying Club of Toronto and/or the instructor or instructors from time to time may sustain or incur or be liable for in consequence of the operation of my radio controlled model aircraft.

Dated at Toronto, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Witness)

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## Student / Member under Eighteen Years of Age

I, \_\_\_\_\_, said \_\_\_\_\_, the parent or  
(print Parent or Guardian's full name) (Relationship)  
guardian of \_\_\_\_\_ being a person under the age of eighteen years,  
(print Student's full name)

do hereby agree to be bound by the terms and conditions of the above waiver and indemnity.

\_\_\_\_\_  
(Parent or Guardian Signature)