

The Ohio Radio Kontrol Society, Inc.

TORKS MEMBERSHIP APPLICATION

NAME _____ DATE _____

HOME ADDRESS

CITY _____ STATE _____

ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS

BIRTH DATE _____

AMA MEMBERSHIP # _____

OCCUPATION _____

EMPLOYER _____

YEARS FLYING RC _____

PREVIOUS CLUBS _____

POSITIONS HELD

TORKS MEMBER

SPONSOR _____

WHY DID YOU CHOOSE TORKS?

SIGNED _____

The applicant should contact an officer of the club regarding annual dues and initiation fee. The sponsor should be a member of the club.