

**WINDY WEST R/C CLUB**  
**Membership Application - 2024**

*Please Print*

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Res. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse: \_\_\_\_\_

MAAC #: \_\_\_\_\_ T.C. #: \_\_\_\_\_

I am enclosing **\$100.00** for my membership dues. **Cash ( ) Cheque ( )**

If I become a member of the executive or organize official club events, my name and contact information may be published by WWR/CC and/or M.A.A.C.

*I declare that I have read, understand, and shall comply with all WWR/CC & M.A.A.C. codes, rules, guidelines and policies.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*if you are unable to make the meeting, mail application to:*

**Windy West R/C Club  
Attn: Membership App.  
P.O. Box 893 Stn Main  
Lethbridge, AB T1J 3Z8**