



E.R.C.S.
Edmonton Radio Control Society
of
EDMONTON
Alberta, Canada

Edmonton Radio Control Society (ERCS)

MEMBERSHIP APPLICATION

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ DOB: _____
yyyy/mm/dd

Home Phone: _____ Cell Phone: _____ Email Address: _____

MEMBERSHIP RATES:

- Open Member - \$300.00 Associate Member - Non-Flyer - \$10.00
- Family (parents with children under 18) - \$310.00 Junior Member (under 18 on January 1st of the current year) - \$15.00
(Individual MAAC memberships are required for each person.)

2nd Member: _____ MAAC #: _____ Expiry Year: _____ DOB: _____

3rd Member: _____ MAAC #: _____ Expiry Year: _____ DOB: _____

To have flying privileges at the ERCS Bremner field, a club member must have a minimum rating of the *Transport Canada RPAS Basic Operations Pilot* certificate and *Model Aeronautics Association of Canada (MAAC)* valid membership.

RPAS Level (Choose one) I don't have it RPAS Basic RPAS Advanced Operations Flight Review Rating

RPAS Pilot Certificate # _____ RPAS Pilot Certificate Issue Date _____
yyyy/mm/dd

MAAC # _____

ERCS Wings Status: (Choose 1) Novice Pilot Instructor Sr. Instructor

Acknowledgement;

I understand and accept that as a member of the Edmonton Radio Control Society (ERCS) that I;

1. Will ensure that I follow the Canadian Aviation Regulations (CAR) Part IX with regards to the operation of Small Remotely Piloted Aircraft System (RPAS) and maintain the minimum recency requirements as set out in CAR Part IX.
2. Will ensure I have read and understand all of the Model Aeronautics Association of Canada (MAAC) safety rules and I agree to abide by them.
3. Will ensure I have read and understand the ERCS Field Safety Rules (available at www.ercs.ab.ca) and I agree to abide by them.
4. May be asked to assist designated persons to run activities and events and that I may be asked to assist in various work parties for the betterment of the club.

Accepted on this date: _____ Signature: _____

This form is to be completed in full, signed, and a copy sent by email to membership@ercs.ab.ca with payment made by e-transfer to membership@ercs.ab.ca, or you may enclose this form with your cheque payable to ERCS and send them to:

Kevin Umbach
ERCS Membership Chairman
186 Deer Ridge Drive
St. Albert, AB, T8N 6H2

OFFICE USE ONLY - Please do not write in this area

Total Payment Recd \$ _____ How Paid _____ Membership Form _____ Date Recd _____ ERCS Card # _____

Membership Year _____ RPAS Pilot Certificate Number received _____ MAAC Verified _____ Recd By _____