



CBRC Membership Application 2026/27

All Items must be completed by every flying member.

Name: _____ AMA#. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ Birth Date: _____

TRUST #: _____ FAA Registration #: _____

I certify that I have read, understand and will comply with All Federal, State and Club Rules and Regulations.

Signature _____

Date: _____

Check Membership Category: (Check one)

- Regular \$100.00
- Student \$50.00
- Military TDY No charge
- Family \$125.00 See Note
- Social \$ 30.00

To Join CBRC:

You must meet with a Club Officer to review All Federal, State and Club Rules and Regulations.

Mail to: Chesapeake Bay RC Club

C/O Stephen Barnett, Treasurer

391 Chestnut Trail

Crownsville, MD 21032

Note1: This portion to be completed by primary family member. Family members include: spouse and dependents under 18.

Non-Voting Family Member Name, AMA, Trust and FAA#
