South Shore Radio Control Club, Inc 2018 Membership Application



Please Print Clearly

NAME	DATE OF BIRT	DATE OF BIRTH 2018 AMA Membership is required.	
AMA NUMBER	2018 AMA Mem		
STREET			
	STATE	ZIPCODE	
TELEPHONE	EMAIL ADDRE	SS	
f you do not want to have your private informati Membership rosters, etc, please check this box.	on such as telephone number, E-Mail address, etc, inc	luded in club information such as	
	nformation to any third party without specific permission nor will it be liable for personal information provided from		
	TYPE OF MEMBERSHIP		
Ren	Check Applicable ewals: On or before March Me	eeting	
0	Open Membership, 18 and over	\$75	
0	Senior Membership, 65 and ove	r \$50	
0	Junior Membership, Under 18	Free	
New Mem	bers and Renewals after Mar	ch Meeting	
0	Open Membership, 18 and over	\$87	
0	Senior Membership, 65 and ove	r \$62	
0	Junior Membership, Under 18	Free	
Please indicate your level of e	experience: O Beginner O In	termediate O Advanced	
f you have any special requirements su	ıch as flight training of additional comments	please indicate here.	
	applicant agrees to abide by the AMA National Safety C hore R/C Club's Constitution and By-Laws and all club		
Annlicant Signature		Dato	

Mail completed form and a check for the appropriate amount to: David Wilson – Treasurer, 77 County Road, Marion, MA 02738