

SOUTHERN NH RADIO CONTROL CLUB 2012 MEMBERSHIP APPLICATION

Name: _____	AMA# <input style="width: 100%;" type="text"/>
Address: _____	Outer gate key# <input style="width: 100%;" type="text"/>
City: _____ St: _____ Zip: _____	Field key# <input style="width: 100%;" type="text"/>
Home Phone: _____	Newsletter delivery
Cell Phone: _____	Web: <input type="checkbox"/>
Email: _____	Print: <input type="checkbox"/>

FEES (CIRCLE ALL THAT APPLY)

<table style="width: 100%;"> <tr> <td colspan="2">Current members:</td> </tr> <tr> <td style="text-align: center;">Adult</td> <td style="text-align: right;">60.00</td> </tr> <tr> <td style="text-align: center;">Junior</td> <td style="text-align: right;">5.00</td> </tr> <tr> <td>Late fee (after Feb mtg.)</td> <td style="text-align: right;">10.00</td> </tr> </table>	Current members:		Adult	60.00	Junior	5.00	Late fee (after Feb mtg.)	10.00	<table style="width: 100%;"> <tr> <td colspan="2">New Members (sponsorship required):</td> </tr> <tr> <td style="text-align: center;">Adult</td> <td style="text-align: right;">85.00</td> </tr> <tr> <td style="text-align: center;">Junior</td> <td style="text-align: right;">5.00</td> </tr> </table> <hr style="width: 100%;"/> <p style="text-align: center;">Sponsors Signature</p>	New Members (sponsorship required):		Adult	85.00	Junior	5.00
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MEMBERSHIP AGREEMENT

I recognize a model airplane is NOT a toy, and must be operated at all times in a safe manner.

I agree not to hold the Southern New Hampshire Radio Control Club, Inc. and my instructor, if I am receiving instruction, responsible or liable in any way for injury, loss, or property damage I may suffer due to any reason, including but not limited to pilot error or mechanical failure.

I agree I will not fly at any SNHRCC field or event without an active instructor until I have been approved for solo flight.

I certify I have read the Academy of Model Aeronautics "National Model Aircraft Safety Code" and agree to abide by its terms and conditions at all times.

I agree to keep the outer gate closed and locked at all times.

I understand that there is no dumping of any kind at the facility.

Signature

Parents signature (if under 18)

PAYMENT INFORMATION	PROOF OF AMA
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Cash or check # _____ Payment amount: _____
 Payment date: _____

Make check payable to SNHRCC

Include a self-addressed, stamped envelope

Mail to:
 SNHRCC
 c/o Ted Wojcik
 61 Tarah Way
 Freemont, NH 03044

Attach photocopy
of AMA
membership card

NO AMA CARD = NO MEMBERSHIP CARD
NO MEMBERSHIP CARD = NO FLYING!