

# South Shore Radio Control Club Inc, 2024 Membership Application



Please Print Clearly

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**AMA NUMBER** \_\_\_\_\_ AMA Membership is required

**STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

If you wish to not have your private information such as telephone number, E-Mail address, etc., not included in club information such as membership rosters, etc., please check this box.

SSRCC will not knowingly divulge a member's information to any third party without specific permission of the member whose information is being requested. However, SSRCC cannot guarantee nor will it be liable for personal information provided from sources beyond our control, such as from another member.

## TYPE OF MEMBERSHIP

Check Applicable

### Renewals: On or before March 31st

Open Membership, 18 and over	\$75
Senior Membership, 65 and over	\$50
Junior Membership, Under 18	Free

### New Members and Renewals after March 31st.

Open Membership, 18 and over	\$87
Senior Membership, 65 and over	\$62
Junior Membership, Under 18	Free

Please Indicate your experience level.    **Beginner**                      **Intermediate**                      **Advanced**

If you have any special requirements such as flight training or additional comments please indicate here. \_\_\_\_\_

By submitting this application for membership applicant agrees to abide by the AMA National Safety Code and when applicable, any rules pertaining to the special interest groups of AMA, the South Shore R/C Club's Constitution and By -Laws, and all club field and safety rules and procedures, current or as amended.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail this completed form and a check for the appropriate amount to:

David Wilson – Treasurer, 77 County Road, Marion, MA 02738