

South Shore Radio Control Club, Inc 2025 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 level of experience 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