



East Coast Swamp Flyers R/C Club

2018 Membership Application & Renewal Form

All prospective and renewing members are required to complete this form and submit it to the Treasurer either via email or US Mail. Please complete all sections of the application clearly and legibly. Incomplete forms will result in your application being returned without processing. Make checks out to "ECSF"

Renewals must be postmarked by 03/01/2018 or a late fee of \$15 applies.

Mailing address:
ECSF Treasurer
PO Box 120231
East Haven, CT 06512

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, specify:		
FULL NAME			
ADDRESS 1			DATE OF BIRTH
ADDRESS 2			TELEPHONE
TOWN/CITY			AMA # (Required)
ZIP CODE			
PRIMARY EMAIL			

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBERSHIP TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Total \$
FULL	NEW Membership - \$84 or pro-rated at \$7 per full month remaining in calendar year + one time \$55 Initiation Fee	\$	
	RENEWING MEMBERSHIP	\$84.00	
SPOUSAL	Spousal membership is open to the husband or wife of any Full member	\$18.00	
JUNIOR	Junior membership is open to those who are 18 years of age or younger, or those who are full time university students under 25 (photocopy of current university Student ID required)	\$18.00	
LATE FEE	**Applies if renewing after 03/01/2018	\$15.00	
MEMBERSHIP BADGE	Replacement name badge if yours is lost or broken (n/a to new applicants)	\$10.00	
Grand Total			\$
PAYMENT METHOD	<input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> PayPal (please add \$3.00 to cover fees)		PayPal payments: treasurer@swampflyers.org

SECTION 3: MEMBER INFORMATION

GENDER: MALE <input type="checkbox"/> FEMALE: <input type="checkbox"/>	YEARS OF R/C EXPERIENCE:	NEED AN INSTRUCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF AIRCRAFT FLOWN: GLOW <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> DUCTED FAN/TURBINE <input type="checkbox"/> FIXED WING <input type="checkbox"/> HELICOPTER <input type="checkbox"/> SAILPLANE <input type="checkbox"/>		
TYPE OF FLYING YOU PREFER: SPORT <input type="checkbox"/> 3D <input type="checkbox"/> PATTERN/IMAC <input type="checkbox"/> SCALE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> SAILPLANE <input type="checkbox"/>		
REFERRED TO ECSF BY:		

Declaration: I agree to abide by the rules and regulations of ECSF as set forth in its' by-laws (see attached), maintain my AMA membership in good standing for the duration of my membership, and to abide by the AMA Safety Code as outlined on their website (www.modelaircraft.org).

SIGNATURE	DATE
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FOR ECSF USE ONLY:

Date Received		Payment amt. rec'd		Payment confirmed		Type of Payment		New Member (Voted In)	
Email into DB		Email into Dist. List		DB Entry verified		Badge ordered		Badge issued	