



Westminster Aero Modelers Membership Application

Name: _____ Nickname: _____ Spouse: _____

Address: _____
House or Apt. # _____ Street _____
City/Town _____ State _____ Zip Code _____

Home Telephone: () - _____ Work Telephone: () - _____

Occupation: _____ Date Of Birth: ____ / ____ / ____

AMA #: _____ IMAA #: _____ IRCHA #: _____

E-mail Address _____ Other Club Memberships: _____

Interests:

- | | |
|------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aircraft – Gas Powered | <input type="checkbox"/> Radio Control |
| <input type="checkbox"/> Aircraft – Electric Powered | <input type="checkbox"/> Helicopters |
| <input type="checkbox"/> Sailplanes | <input type="checkbox"/> Control Line |
| <input type="checkbox"/> Float Flying | <input type="checkbox"/> Other _____ |

Type of Membership: (Check appropriate Box) **Open** **Family** **Junior**

Recommended For Membership By: _____

Dues Structure and Classifications

Open members =	\$70.00	18 Years an older as of January 1 st of the current year.
Family Member =	\$70.00 + \$15.00	Open member and immediate family.
Junior Members =	\$25.00	Up to and including <u>17</u> Years of age as of January 1 st of the current year.

Send this application to:

Bob Allen
249 Stacy Lee Drive
Westminster, Md. 21158
Phone# 410-848-4871

Or Bring it to a meeting, The first Tuesday of every Month @ 7:30 PM:

Email: aceallen1955@yahoo.com

***** MAKE CHECKS PAYABLE TO THE WESTMINSTER AERO MODELERS *****

Website: <http://www.flywam.org>

Date of acceptance: ____ / ____ / ____