



East Coast Swamp Flyers R/C Club

2012 Membership Application & Renewal Form

MEMBERSHIP FORM

All prospective and renewing members of ECSF are required to complete this form and submit it to the Treasurer via email to treasurer@swampflyers.org or by US Mail to: ECSF Treasurer – 213 Route 148 – Killingworth, CT 06419

Please note that renewals paid *after* December 31, 2011 are subject to a \$16.00 late fee

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					TELEPHONE	
ADDRESS 2					AMA # (Req'd)	
TOWN/CITY						
ZIP CODE						
PRIMARY EMAIL						

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	INITIATION FEE	Total \$
FULL	New Membership	\$84	\$55	
	Renewing Membership	\$84	N/A	
SPOUSAL	Spousal membership is open to the husband or wife of any Full member	\$18	N/A	
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 Student ID required)	\$18	N/A	
DONATION	ECSF is a non-profit organization and depends upon your support	US\$.....	US\$.....	
PAYMENT METHOD	<input type="checkbox"/> Paypal (please add \$3.00 to cover fees) <input type="checkbox"/> Postal or money order <input type="checkbox"/> Check <input type="checkbox"/> Cash		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: Y <input type="checkbox"/> or N <input type="checkbox"/>	
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"/>	
INTERESTED IN VOLUNTEERING FOR WORK PARTIES, EVENTS OR PICNICS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES TO ABOVE, PLEASE ELABORATE:		
REFERRED TO ECSF BY:		

Declaration: I promise to abide by the rules and regulations of ECSF as set out in its' by-laws (available at the web site), maintain my AMA membership in good standing for the duration of my membership, and to abide by the AMA safety code outlined on their website (www.modelaircraft.org).

SIGNATURE		DATE	
------------------	--	-------------	--

FOR ECSF USE ONLY:

Date Received		Payment rec'd		Payment confirmed		Email into DB		Entered into DB	
---------------	--	---------------	--	-------------------	--	---------------	--	-----------------	--