		_ Last			Aeromodelers
City: _		_ State Zip			≪et âttârêter e
Cell Pł	none	Email Address			
Emerg	Emergency Contact Cell Phone				Youth
Your A	MA #	Exp Date			
AMA I	Aembership Type (Please Che	eck) Adult Senior	Adult	Park Pilo	t
Your F	AA#	Exp Date			
	rust #	Your D.O.B		Г	How will you be Paying? Circle One.
FSA Membership Choices Please Check	Prorated Mid Season (Rec	red between January 1- June ceived between July 1- Septe embers under the age of 18)	mber 31)\$75.		Pay with PayPal Cash Check (check #) Total \$

Number of Radio Ribbons? (Every radio MUST have a ribbon attached. This allows for easy membership identification when you are at the field. If you don"t display one you might be approached for your i.d. # of Ribbons ______

1)	I need flight training. I am new or requiring instruction to learn how to fly	Yes	No
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2) I am a proficient pilot and I have been approved to fly solo. Yes No

If #2 is yes please provide your instructors name and or club where you were approved. _

By my signature below, I am certifying that I am a currently paid up (for this year) member of the Academy of Model Aeronautics (AMA) and I furter agree to comply with the AMA Safety Code, FSA safety rules & Bylaws. I further certify that I have obtained valid FAA Certificate(s) of Registration and provided my unique registration number(s) above. FAILURE TO COMPLY with these rules may result in the remove of my privileges as a FSA member and forfeiture of dues and fees paid.

Date	

Date

Parent or Guardian Signature (if applicant is under 18)

Mail Application along with payment TO: Freestate Aeromodelers C/O Michael Newman, Treasurer 6345 Hanover Road Hanover, MD 21076

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Your Signature

Your Information