



# East Coast Swamp Flyers R/C Club

## 2024 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. Make checks out to "ECSF" According to club By-Laws , Article VI , " dues shall be paid by December 31, 2019. Article IV section 2 states a " complete application/Renewal form must be Submitted to the club treasurer".

Mailing address:

**Sean Scianna**  
**41 Hillside Ave**  
**Terryville, CT 06786**

### 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 - <b>\$84</b> or pro-rated at \$7 per full month remaining in calendar year + <b>one time \$55 Initiation Fee</b>	\$	
	RENEWING MEMBERSHIP or Returning Member	\$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 ( <b>photocopy of current university Student ID required</b> )	\$18.00	
LATE FEE	**Applies if renewing <b>after January 31<sup>st</sup></b> in the renewing year	\$15.00	
MEMBERSHIP BADGE	Replacement name badge if yours is lost or broken (n/a to new applicants)	\$16.00	
	<b>Grand Total</b>		<b>\$</b>
PAYMENT METHOD	<input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cash		

### 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](http://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	Email	DB Entry verified	Badge ordered	Badge issued

into DB

into Dist. List