



Southern New Hampshire *Flying Eagles* Radio Control Club 2010 New Member Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Birth Date: _____ Radio Channel(s) (If you know them) _____

AMA #: _____ (Must have an active membership to fly)

New member dues are prorated based on the current month. The following table lists the dues schedule:

| | Regular | Elder (61 or over) | Junior (under 19) | Additional family members |
|-------|---------|--------------------|-------------------|---------------------------|
| JAN | \$75 | \$55 | \$45 | \$10 |
| FEB | \$71 | \$53 | \$43 | \$9 |
| MARCH | \$67 | \$50 | \$42 | \$8 |
| APRIL | \$63 | \$48 | \$40 | \$8 |
| MAY | \$58 | \$45 | \$38 | \$7 |
| JUNE | \$54 | \$43 | \$37 | \$6 |
| JULY | \$50 | \$40 | \$35 | \$5 |
| AUG | \$46 | \$38 | \$33 | \$4 |
| SEPT | \$42 | \$35 | \$32 | \$3 |
| OCT | \$38 | \$33 | \$30 | \$3 |
| NOV | \$33 | \$30 | \$28 | \$2 |
| DEC | \$29 | \$28 | \$27 | \$1 |

NOTE: May only be added
Regular or Elder Memberships

| | |
|---|--|
| 1. Dues are prorated based on the month you join. Enter the prorated dues amount from the table above. | |
| 2. We prefer members retrieve the monthly newsletter from our web site. If you would like to receive a paper copy via US Mail, add \$10. | |
| 3. Regular and Elder Members may add additional family members. Additional family members | |
| 4. Attach a signed application and AMA card copy for each member. | |
| 5. Add the amounts in boxes 1 through 3. This is what you pay. (Make check payable to Southern NH Flying Eagles.) | |

READ AND SIGN REVERSE SIDE

I RECOGNIZE A MODEL AIRPLANE IS NOT A TOY, AND MUST BE OPERATED AT ALL TIMES IN A SAFE MANNER.

I AGREE NOT TO HOLD THE SOUTHERN NEW HAMPSHIRE FLYING EAGLES RADIO CONTROL CLUB, AND MY INSTRUCTOR, IF I AM RECEIVING INSTRUCTION, RESPONSIBLE OR LIABLE IN ANY WAY FOR INJURY, LOSS, OR PROPERTY DAMAGE I MAY SUFFER DUE TO ANY REASON, INCLUDING BUT NOT LIMITED TO PILOT ERROR OR MECHANICAL FAILURE.

I AGREE I WILL NOT FLY AT ANY SNHFERCC FIELD OR EVENT WITHOUT AN ACTIVE INSTRUCTOR UNTIL I HAVE BEEN APPROVED FOR SOLO FLIGHT.

I CERTIFY I HAVE READ THE ACADEMY OF MODEL AERONAUTICS "NATIONAL MODEL AIRCRAFT SAFETY CODE," AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS AT ALL TIMES.

I UNDERSTAND THAT AS A MEMBER OF SOUTHERN NH FLYING EAGLES THAT I AM ENCOURAGED TO PARTICIPATE AND ASSIST WITH CLUB EVENTS.

I AGREE TO ABIDE BY THE CLUB'S BY-LAWS, SAFETY RULES, AND RECOMMENDED FLIGHT OPERATIONS.

Date: _____ Signature: _____

Print Name: _____

Parent Signature if under 18: _____

Print Parent's Name: _____

Mail the following:

1. Check payable to Southern NH Flying Eagles
2. Signed applications (yours and one for each family member)
3. Copies of current year AMA cards (yours and one for each member)
4. Include a self addressed stamped envelope to receive your membership cards

Mail to:

Southern New Hampshire Flying Eagles R/C Club
Attention: Treasurer
Post Office Box 1476
Merrimack, NH 03054-1476