



ACADEMY OF MODEL AERONAUTICS



Application for 2005 Membership - One Individual Per Application

Please type or print the information clearly in CAPITAL letters. When completed, this form can be mailed with payment to AMA, 5161 E. Memorial Dr., Muncie, Indiana 47302-9252, Fax: (765) 741-0057, www.modelaircraft.org

First Name _____ Initial _____ Last Name _____

Mailing Address (number and street) _____

City _____ State _____ Zip Code _____

Home tel.: (_____) _____ Work tel.: (_____) _____ FAX: (_____) _____

E-mail: _____ New Renewal (give old number if known) _____

Yes, I was recruited by an AMA member. Member's name _____ AMA #: _____

If you supply us with your E-mail address, you may receive periodic messages with information on important legislative activities, your membership status and benefits, or upcoming events. AMA does not trade or sell E-mail addresses. If at anytime you do not want to receive E-mails from AMA, please let us know by E-mailing us at membership@modelaircraft.org.

MEMBERSHIP CATEGORIES: All membership categories receive full membership and competition privileges, liability and accident/medical insurance.

For those 19 or over as of July 1, 2005

OPEN Membership \$58.00 *Model Aviation* included. (date of birth required) _____
Those 65 or over by July 1, 2005 may take a \$10.00 deduction in dues. (Must have proof of age at time of original application.)

EXTRA Family Membership \$30.00
(applies to any one adult who resides in the same household as a current **OPEN** member.)
Magazine not included. List current **OPEN** member's name and AMA number. _____

For those under 19 as of July 1, 2005

YOUTH Membership \$15.00 (*Model Aviation* included)
(date of birth required) _____

YOUTH/NO MAGAZINE magazine not included \$1.00
(date of birth required) _____

Note: For competition purposes, YOUTH will be categorized as Junior (under 15 by July 1) or Senior (Those 15 by July 1, but not 19)



For Non-US and North American Permanent Residents

AFFILIATE MEMBERSHIP \$28.00 insurance only while flying in the USA. Magazine not included.
Name of National Aero Club _____ Expiration date _____

AFFILIATE MAGAZINE SUBSCRIPTION to non-US address - add \$60.00 for a total of \$88.00.

For Canadian Residents

AMA has a reciprocal agreement with MAAC. A current MAAC card will be honored at all sanctioned events or chartered club activities. For Canadians desiring AMA membership in addition to MAAC, choose either Open or Youth membership categories listed above. An additional \$24.00 postage and handling is required for magazine delivery outside the United States.

OPTIONS:

- Museum Patron Programs**
- Museum Patron \$25.00
 - Supporting \$100.00
 - Sustaining \$500.00
 - Life \$1,000.00
 - FAI Stamp \$50.00
 - Donation _____
 - Add \$4.00 for *Model Aviation* mailed in a plastic protective covering.

FOR OFFICE USE ONLY

Primary Interests: (check one)
Area of Participation: (check one)

<input type="checkbox"/> Control Line
<input type="checkbox"/> Aerobatic <input type="checkbox"/> Scale
<input type="checkbox"/> Carrier <input type="checkbox"/> Speed
<input type="checkbox"/> Combat <input type="checkbox"/> Sport
<input type="checkbox"/> Racing

<input type="checkbox"/> Free Flight
<input type="checkbox"/> Indoor
<input type="checkbox"/> Outdoor
<input type="checkbox"/> Scale

<input type="checkbox"/> Radio Control
<input type="checkbox"/> Electric <input type="checkbox"/> Scale
<input type="checkbox"/> Helicopter <input type="checkbox"/> Soaring
<input type="checkbox"/> Pattern <input type="checkbox"/> Sport
<input type="checkbox"/> Pylon <input type="checkbox"/> Jets

<input type="checkbox"/> Rocketry

PAYMENT OPTIONS:

Check enclosed \$ _____ Charge my VISA MasterCard \$ _____

Card No. _____ Exp. date ____ / ____ Cardholder's signature _____

Please read and sign this declaration. Applications without signatures will be returned.

Note: This waiver means that if I am involved in any claim or suit I will not sue the AMA, Inc. I understand that this waiver does not affect my liability insurance coverage.

"I agree to comply with the AMA Safety Code for all applicable model operations. I understand that my failure to comply with the Safety Code may endanger my liability coverage for any damages or claims so caused. I further understand that written notice of the occurrence of any incident must be immediately provided.

"I am aware that modeling may present hazards to participants and spectators. I exempt, waive, and relieve the Academy of Model Aeronautics, Incorporated (AMA) from all current or future liability for personal injury, property damage, or wrongful death caused by negligence."

Signature of Applicant _____ Parent or Guardian of Applicant under age 18 must also sign _____

Insurance coverage is effective on the date of receipt at AMA Headquarters of a properly completed application and correct dues payment. Membership ends each year on December 31, regardless of the date a membership application is received. Applications received after October 1 will be valid for the remainder of that year and all of the following year. If a magazine is included with the membership, it begins with the first issue available for the year after a correct current application and payment are received; it expires with the issue printed in December (which is dated February of the following year). Membership rates and insurance limits are those in effect at the time of printing. Actual cost of dues and amount of insurance coverage is subject to change. Any such changes will be noted at the time of membership processing so they may be accepted or not.

ONLY ONE APPLICANT PER FORM

