

Airdrie Modellers Aircraft Society

AMASRC.CA

Box 128, 612 – 500 Country Hills Blvd N.E.
Calgary, Alberta, T3K 5K3

APPLICATION FORM for 2010

SURNAME _____ FIRST NAME _____ EMAIL _____

ADDRESS _____ CITY _____ POSTAL CODE _____

HOME PHONE _____ BUSINESS PHONE _____

BIRTHDATE _____ RADIO FREQUENCIES _____ MAAC # _____

MEMBERSHIP STATUS: CURRENT _____ PAST _____ JUNIOR _____
NEW _____ ASSOCIATE _____ Qualified Pilot? YES _____ NO _____

NEW MEMBERS: PAST CLUB AFFILIATIONS _____

SPONSORED BY _____ May we contact them? Yes _____ No _____

<u>FEES</u>				
<u>AGE GROUP</u>	<u>Membership</u>	<u>Discount</u>	<u>M.A.A.C.</u>	<u>TOTAL</u>
<u>CURRENT MEMBER:</u>				
REGULAR (18 YEARS & OVER AS AT JAN. 1)	\$125.00	*	\$75.00	\$ _____
SENIOR (60 & OVER AS AT JAN. 1)	\$80.00	*	\$75.00	\$ _____
JUNIOR (UNDER 18 AS AT JAN. 1)	\$15.00		\$21.00	\$ _____
JUNIOR (No magazine)	\$15.00		\$10.00	\$ _____
<u>NEW MEMBER:</u>				
REGULAR (18 YEARS & OVER AS AT JAN, 1)	\$125.00		\$75.00	\$ _____
SENIOR (60 & OVER AS AT JAN 1)	\$80.00		\$75.00	\$ _____
JUNIOR (under 18 at Jan 1)	\$15.00		\$21.00	\$ _____
JUNIOR (No magazine)	\$15.00		\$10.00	\$ _____
<u>ASSOCIATE MEMBER (limited flying):</u>	\$0.00		\$0.00	\$ _____

* A \$25.00 discount will apply to renewal of current members' fees (excepting juniors) enrolling before the end of the February meeting.

All applicants must be registered and insured with MAAC before membership will be granted. AMAS will register with MAAC for you, however, insurance coverage will begin once your membership form and payment is processed at MAAC HQ. Associate members have limited flying privileges as per the club bylaws. The rights of membership terminate on December 31 of each year. Membership fees for persons enrolling in September and October are at half price. Persons enrolling in November and December are credited for membership for the following year. **No pylon racing planes allowed except as outlined in AMAS club Bylaws.**

PLEASE CIRCLE AREAS WHERE YOU WOULD LIKE TO BE INVOLVED:

Executive Membership Committee Rules Committee Field Maintenance Committee
Training Committee News Letter Editor Activities Committee Telephone Committee.

Are you willing to instruct? Yes _____ No _____. Do you require an instructor? Yes _____ No _____

BY SIGNING THIS APPLICATION FORM I AGREE TO ABIDE BY ALL MAAC AND AMAS RULES AND BYLAWS AND IF I DO NOT COMPLY I UNDERSTAND THAT MY MEMBERSHIP MAY BE WITHDRAWN AND/OR REVOKED BY THE EXECUTIVE.

SIGNATURE _____ DATE _____

Approved by Membership Committee on _____ Date _____ Chairman _____