RADIO CONTROL SOCIETY OF MARINE PARK, BROOKLYN, NEW YORK MEMBERSHIP APPLICATION

IN CONSIDERATION FOR BEING ACCEPTED AS AN R.C.S.M.P. MEMBER

- * I AFFIRM THAT I HAVE APPLIED FOR AND HAVE BEEN GRANTED MEMBERSHIP IN THE ACADEMY OF MODEL AERONAUTICS (A.M.A.)
- * I WILL RENEW MY A.M.A. MEMBERSHIP ANNUALLY AS LONG AS I PARTICIPATE IN R.C. MODEL FLYING.
- * I HAVE READ AND HAVE AGREED TO ABIDE BY ALL R.C.S.M.P. BY-LAWS, FIELD RULES AND THE A.M.A. SAFETY CODE AS LONG AS I USE THE R.C.S.M.P. FLYING FACILITIES.
- * I WILL NOT HOLD R.C.S.M.P. OR ANY R.C.S.M.P. QUALIFIED FLYER LIABLE FOR ANY DAMAGES TO MY AIRCRAFT OR EQUIPMENT THAT MAY BE INCURRED WHILE ONE OF THEM IS INSTRUCTING ME OR OPERATING MY EQUIPMENT DURING ANY TRAINING OR PRACTICE SESSION.
- * I UNDERSTAND THAT MEMBERSHIP IN R.C.S.M.P. DOES NOT INCLUDE ANY GUARANTEED FLIGHT TRAINING. ALL FLIGHT INSTRUCTION BY CLUB RECOMMENDED INSTRUCTORS IS GIVEN ON A VOLUNTARY, WHEN AVAILABLE BASIS.
- * WHEN I BECOME QUALIFIED TO ASSIST OTHERS, I WILL GIVE PREFERENCE TO R.C.S.M.P. MEMBERS AS I HOPE THEY WILL GIVE ME PREFERENCE AS A NEW R.C.S.M.P. MEMBER.

 NAME OF APPLICANT

 DATE

| DATE | | |
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| MINORS | MUST HAVE PARENT/LEGAL GUARDIAN | |
| <u>FIL</u> | L OUT AND SIGN THE FOLLOWING: | |
| I AM THE PARENT/LEGAL GUARDIAN OF R.C.S.M.P. MEMBERSHIP. | , APPLICANT FOR | |
| | EE TO ASSUME ANY FINANCIAL RESPONSIBILITY WHICH MAY BE INCUITED BY MEMBERS AND OTHERS WHO USE THE CLUBS FLYING FACILITI ULATIONS. | |
| NAME OF PARENT/LEGAL GUARDIAN | SIGNATURE | |
| RELATIONSHIP TO APPLICANT | DATE | |
| NAME | | |
| ADDRESS | | |
| CITY | STATE ZIP | |
| TELEPHONE # | BUSINESS# | _ |
| CELL # | | |
| DATE OF BIRTH | | |
| A.M.A. MEMBERSHIP # | OCCUPATION | |
| E-MAIL | | |
| WHO RECOMMENDED YOU? | | |