

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 BOTH THE ACADEMY OF MODEL AERONAUTICS (A.M.A.) AND REGISTERED WITH THE FAA TO COMPLY WITH THE FEDERAL MANDATE.
- * 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

SIGNATURE

DATE

MINORS MUST HAVE PARENT/LEGAL GUARDIAN
FILL OUT AND SIGN THE FOLLOWING:

I AM THE PARENT/LEGAL GUARDIAN OF _____, APPLICANT FOR
R.C.S.M.P. MEMBERSHIP.

I APPROVE OF THIS MEMBERSHIP AND AGREE TO ASSUME ANY FINANCIAL RESPONSIBILITY WHICH MAY BE INCURRED IN CONNECTION WITH OBLIGATIONS ASSUMED BY MEMBERS AND OTHERS WHO USE THE CLUBS FLYING FACILITIES AS PER CLUB BY-LAWS, FIELD RULES AND REGULATIONS.

NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE

RELATIONSHIP TO APPLICANT

DATE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

EMERGENCY CONTACT # _____

CELL # _____

EMERGENCY CONTACT NAME _____

DATE OF BIRTH _____

A.M.A. MEMBERSHIP # _____

FAA # _____

E-MAIL _____

Paid in: () Cash () Check () Zelle Amount Paid: _____

OCCUPATION _____

Received by: _____