



The 495th R/C Squadron, Inc.

P.O. Box 426, Tewksbury, MA 01876

A.M.A. Chartered Club No. 340

<http://www.495thsquadron.org>

2018 Membership Application (one form per applicant)

Name: _____ AMA # _____

Address: _____ D.O.B. _____

City, ST, ZIP _____

Email: _____ Tel. No.: _____

Renewing Member				New Member		Jan. – Mar.	Apr. – Jun.	Jul. – Sep.	Oct. – Dec.
Regular		\$50		Regular*		\$80	\$70	\$60	\$50
Junior		\$15		Junior		\$15	\$15	\$15	\$15
Family		\$5		Family		\$5	\$5	\$5	\$5

*Includes initiation fee of \$30.00 for new regular members. Junior: Under 19 years old by July 1st. Renewal applications received after Jan. 31st are subject to a \$10.00 late fee.

I wish to receive the Club newsletter via US Mail **(\$5 extra per year)**.

If you are an existing member you should already have pins/cards from previous years. You will receive stickers to validate your existing pins. A sticker is placed over the “year” in the upper right corner of each pin. One sticker per pin/card.

- How many existing pins/cards do you currently have? _____

Since you may require new pins/cards for various reasons (new member, new transmitter, or a damaged pin/card), you may order NEW pins/cards at this time. In the space below, please indicate the NEW frequencies that you require. ONLY indicate frequencies that you DO NOT have pins/cards for. Please use “SPR” for 2.4 GHz Spread Spectrum

- NEW Pin/Card Freq.: _____

I agree to abide by the AMA code which incorporates the Club field rules. I understand that membership in the AMA is a prerequisite for membership in the 495th R/C Squadron, Inc. Family members cannot vote, and cannot hold office. Family members must live at the same address as a Regular member and are sponsored by that member. Membership expires on December 31st.

Signature of member or sponsoring family member:

Name: _____ AMA # _____

Bring this completed form with your AMA membership card to a Club meeting (see website for details), or mail it with a copy of your AMA membership card and a Self-Addressed, Stamped Envelope to the address at the top of this form.

Office Use Only Payment Method: Cash/Check Amount: _____