

SWAP Membership Application



Name: _____

Mailing Address: _____
Street

_____ Date of Birth: _____
City State Zip

Phone: _____ Cell Phone: _____

AMA #: _____ FAA#: _____

email: _____

Membership Information

Membership Type: (Check One) _____ Regular (\$80.00) _____ Senior (age 62 or Disabled Veteran (\$65.00)

_____ Additional Family Member living in the same house (\$10.00 each) _____ Youth* (free)

NOTE: There is also a one-time assessment fee of \$20.00. * up to age 18, joining as an individual member

Check the following which you consider to be your flying ability:

____ Student _____ Pilot _____ Instructor

Check the following interests in Modeling:

____ R/C Planes (sport) _____ R/C Planes (scale) _____ R/C Helicopters _____ Quadcopters
____ R/C Sailplanes _____ Free Flight _____ Large Scale Aerobatic Planes _____ Control Line

Check the following events you would be interested in as either a spectator or contestant:

____ Fun Fly _____ Scale Contest (low key) _____ IMAC Contests
____ Pylon Racing _____ R/C Combat _____ FPV Racing
____ Other _____

I have read the Constitution and Bylaws of this club as well as the field rules and agree to adhere to them.

Signed: _____ Date: _____

Send completed application with payment to: SWAP Modelers Treasurer; c/o Art Vail; 5753 Mineral Avenue Halethorpe, MD 21227.
Make check payable to: SWAP Club Modelers. Phone: Cell: 410-925-6306; email: artvail@verizon.net