

**CEN-TEX MODELERS INC
MEMBERSHIP APPLICATION**

Cen-Tex Modelers meet the first Wednesday of each month at 6:30 P.M. in the Killeen Community Center on the corner of W.S.Young and Veterans Memorial Blvd. For additional information or contacts, please visit our web site at:

www.centexmodelers.com

NAME: _____ AMA NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE: _____ How long in Central Texas? _____

Email Address _____ Beginner _____ Accomplished Flier _____

Regular Member (\$60) _____ (Prorated at \$5.00 per month from April 1st to March 31st each year.)
Junior Member (\$15) _____ (Prorated at \$1.25 per month from April 1st to March 31st each year.)
Associate Member (\$27) _____ (Prorated at \$2.25 per month. (Must be a regular member in another AMA club.)
Senior Member (Over 65) (\$48) _____ (Prorated at \$4.00 per month from April 1st to March 31st each year)
Academy of Model Aeronautics Membership (\$58) _____

Total Amount Enclosed \$ _____

SAFETY AGREEMENT (All members)

I agree not to fly any radio controlled aircraft at the Cen-Tex Modelers flying site until I have demonstrated to a club official my ability to do so in a safe and controlled manner and until my AMA membership is confirmed.

I agree to follow and comply with all **AMA Safety** and Cen-Tex Modelers **Hall Field** flight safety rules and other club policies.

I further understand that if I fail to comply, that I am subjecting myself to possible termination of my membership with Cen-Tex Modelers Inc.

In addition, I understand, and I am aware that occasionally accidents can and do occur. I will not hold Cen-Tex Modelers Inc., any of its members or officers, the Academy of Model Aeronautics, or the US Army Corps of Engineers responsible for loss or damage to my equipment or for any claim or damage that may result while flying at Hall Model Field.

Applicant _____
Signature Date

Witness _____
Print Name Signature Date

..... CUT ON DOTTED LINE.....

CEN-TEX MODELERS INC. PO Box 874, Killeen, TX 76548-0874

Date: _____

Received From _____ Amount \$ _____

For: Check the appropriate item(s)

CTM Dues _____
AMA Dues _____
Total _____

Signed _____