

**CEN-TEX MODELERS INC
MEMBERSHIP APPLICATION**

Cen-Tex Modelers meet the first Wednesday of each month at 6:30 P.M. at the boardroom of the EXTRACO Bank building. Located at the corner of Knights Way and E-Hwy190 in Harker Heights TX 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 _____

Senior Member (\$90) _____ (Prorated at \$7.50 per month from April 1st to March 31st each year.)

Senior Member (Over 65) (\$75) _____ (Prorated at \$6.25 per month from April 1st to March 31st each year)

Junior Member (\$27) _____ (Prorated at \$2.25 per month from April 1st to March 31st each year.)

Associate Member (\$45) _____ (Prorated at \$3.75 per month) (Must be a regular member in another AMA club)

New Senior Members for First Year (\$75) _____ (Prorated at \$6.25) then full Senior Membership (\$90)

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 _____