



**Your Information**

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your AMA # \_\_\_\_\_ Exp Date \_\_\_\_\_

AMA Membership Type (Please Check one)    Adult Senior    Adult    Park Pilot    Youth

Your FAA# \_\_\_\_\_ Exp Date \_\_\_\_\_

Your Trust # \_\_\_\_\_ Your D.O.B. \_\_\_\_\_

**FSA Membership Choices  
Please Check**

Memberships Received between October 1st & January 31st of the following year)

Individual Annual ... \$100.

Junior Annual (Junior members under the age of 18) ...\$25.00

**How will you be Paying? Circle One.**

Cash

Check ( check # ) \_\_\_\_\_

Total \$ \_\_\_\_\_

**Training**

1) I need flight training. I am new or requiring instruction to learn how to fly    Yes    No

2) I am a proficient pilot and I have been approved to fly solo.    Yes    No

If #2 is yes please provide your instructors name and or club where you were approved \_\_\_\_\_

By my signature below, I am certifying that I am a currently paid up (for this year) member of the Academy of Model Aeronautics (AMA) and I further agree to comply with the AMA Safety Code, FSA safety rules & Bylaws. I further certify that I have obtained valid FAA Certificate(s) of Registration and provided my unique registration number(s) above. FAILURE TO COMPLY with these rules may result in the remove of my privileges as a FSA member and forfeiture of dues and fees paid.

I have read, understand and will comply to the above statement  You MUST check the box BEFORE your membership can be processed or you can fly at Kontera Model Airpark

\_\_\_\_\_  
Parent or Guardian Signature (if applicant is under 18)

\_\_\_\_\_  
Your Signature

**Mail Application along with payment TO:**  
**Freestate Aeromodelers**  
**C/O Michael Newman, Treasurer**  
**6345 Hanover Road**  
**Hanover, MD 21076**