



Country Squire Modelers Membership Application

Name: _____
 (please print) Last First M.I.

Address: _____
 Street

City: _____ State: _____ Zip: _____

Preferred Tel.: (____) _____ (h/w/cell) Alt. Tel.: (____) _____ (h/w/cell)
 indicate one ↑ indicate one ↑

E-Mail: _____

AMA# (required): _____ (www.modelaircraft.org)

Birthdate: _____

J = Junior (under 21) \$25 dues
 A = Adult (21-64) \$75 dues
 S = Senior (65+) \$50 dues

How would you like us to contact you? (Circle One) E-Mail - USPS Mail - Phone

COUNTRY SQUIRES OATH — Signature required.

I, _____, have received a copy of the
Country Squires Flying Field Rules. I fully understand and will abide by these rules.

Make check payable to: **Country Squire Modelers**

Mail to: Country Squires Modelers
 PO Box 320572
 Fairfield, CT 06825

Visit our website at www.countrysquires.com