



Membership Application & Renewal Form

Membership Year: _____

☐ New Membership Application

☐ Membership Renewal

Member Information

Name: _____ AMA Number: _____ AMA Expiration Date: _____

TRUST ID number: _____ <https://trust.modelaircraft.org/>

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Membership Type

☐ Adult Membership – \$100

☐ Student Membership – \$35

Payment Information

Total Amount Enclosed: \$ _____ ☐ Cash ☐ Check # _____ ☐ Online Payment

Mail checks to: Tom Carey 2634 Camden Drive Ames, Iowa 50010-3950 **Contact club for online payment**

☐ I certify that I am a current member of the Academy of Model Aeronautics (AMA) and agree to abide by all AMA Safety Codes, FAA regulations, and Central Iowa Aeromodelers field rules.

☐ I consent to receive club communications by email.

☐ I consent to be added to the club WhatsApp group using the phone number provided on this application.

Member Signature: _____ Date: _____