



# East Coast Swamp Flyers R/C Club

## 2026 Membership Application & Renewal Form

All prospective and renewing members are required to complete this form and submit it to the Treasurer either via email or US Mail. Please complete all sections of the application clearly and legibly. Make checks out to "ECSF" According to club By-Laws , Article VI , " dues shall be paid by December 31 as per Article IV section 2 states a " complete application/Renewal form must be Submitted to the club treasurer".

Mailing address:

Jim Cyr  
129 Bradley Corners Rd  
Madison, Connecticut

### SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, specify:
FULL NAME	
ADDRESS 1	DATE OF BIRTH
ADDRESS 2	TELEPHONE
TOWN/CITY	AMA # (Required)
ZIP CODE	
PRIMARY EMAIL	

### SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBERSHIP TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Total \$
FULL	NEW Membership - \$102 or pro-rated at \$8 per full month remaining in calendar year + one time \$55 Initiation Fee	\$	
	RENEWING MEMBERSHIP or Returning Member	\$102	
SPOUSAL	Spousal membership is open to the husband or wife of any Full member	\$18.00	
JUNIOR	Junior membership is open to those who are 18 years of age or younger, or those who are full time university students under 25 (photocopy of current university Student ID required)	\$18.00	
LATE FEE	**Applies if renewing after Dec. 31 <sup>st</sup> in the renewing year	\$15.00	
MEMBERSHIP BADGE	Replacement name badge if yours is lost or broken (n/a to new applicants)	\$16.00	
	Grand Total	\$	
PAYMENT METHOD	<input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cash		

### SECTION 3: MEMBER INFORMATION

GENDER: MALE <input type="checkbox"/> FEMALE: <input type="checkbox"/>	YEARS OF R/C EXPERIENCE: <input type="checkbox"/>	NEED AN INSTRUCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF AIRCRAFT FLOWN: GLOW <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> DUCTED FAN/TURBINE <input type="checkbox"/> FIXED WING <input type="checkbox"/>		
HELICOPTER <input type="checkbox"/> SAILPLANE <input type="checkbox"/>		
TYPE OF FLYING YOU PREFER: SPORT <input type="checkbox"/> 3D <input type="checkbox"/> PATTERN/IMAC <input type="checkbox"/> SCALE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> SAILPLANE <input type="checkbox"/>		
REFERRED TO ECSF BY:		

**Declaration:** I agree to abide by the rules and regulations of ECSF as set forth in its' by-laws (see attached), maintain my AMA membership in good standing for the duration of my membership, and to abide by the AMA Safety Code as outlined on their website ([www.modelaircraft.org](http://www.modelaircraft.org)).

SIGNATURE	DATE
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