



ACADEMY OF MODEL AERONAUTICS

5161 East Memorial Drive Muncie, Indiana 47302-9252
(765) 287-1256 • FAX (765) 289-4248 • <http://www.modelaircraft.org>

APPLICATION—LEADER MEMBER

(Please print or type)

(Only Open AMA Members, 19 years or older, who have been members for the three years prior to application, are eligible.)

I hereby apply for LEADER MEMBERSHIP in the Academy of Model Aeronautics in the category for which I am best suited by reason of experience, profession, and present model aviation activity. The requirement of being a member for three years the following motion was made on 10/27/90: The Vice President of each district may waive this requirement for extraordinary situations and/or conditions.

Name _____ Club offices held: _____

Address _____

City _____ State _____ Zip _____ Occupation: _____

Tel.: _____ Fax: _____ E-mail: _____

Date of birth _____ AMA No. _____ Number of years—active flier _____

PLEDGE

I pledge and agree that if granted LEADER MEMBERSHIP, I will, at all times, conduct myself as befits a Leader, will do all in my power to advance model aviation as a science and a sport, and will stress safe flying of model aircraft under the official regulations and Safety Code of the Academy of Model Aeronautics.

Further, I certify that I am a current member of AMA and have been a member for three years prior to application. I enclose \$10.00 transfer fee.

Signature _____ Date _____ Check box if lower AMA number is desired

LEADER MEMBER CATEGORIES—Resumé on reverse side must be completed

- A Administrative—requiring administrative model club experience and ability.
- B Scientific—requiring a model aviation background of a scientific nature.
- C Industrial—for those with principal income from the model aviation industry.

REFERENCES

These three (3) references must be properly filled in and signed by three (3) current AMA Leader Members. (If Leader Members are unavailable, three (3) Open Members and an endorsement by a District Vice President or Associate Vice President may be substituted.)

1. I have known the applicant for _____ years and believe he/she is qualified for Leader Membership in category A, B, C, (circle one) based on: _____

Signature _____ AMA No. _____ Date _____

Address _____ Zip _____

2 I have known the applicant for _____ years and believe he/she is qualified for Leader Membership in category A, B, C, (circle one) based on: _____

Signature _____ AMA No. _____ Date _____

Address _____ Zip _____

3 I have known the applicant for _____ years and believe he/she is qualified for Leader Membership in category A, B, C, (circle one) based on: _____

Signature _____ AMA No. _____ Date _____

Address _____ Zip _____

I endorse the opinion above and approve of this application

AVP or VP/District

Approved by _____ date _____

