Initial Questionnaire for
Special Interest Group Recognition

Name of SIG  ____________________________________

1. How many members has your organization had in each of the past five years?

2. Does your organization require AMA membership of all those U.S. members who fly?
   Yes____  No ____

3. Does your organization encourage AMA membership? Yes____  No ____

4. What is the nature of your non-AMA members, and what percentage of your total membership falls into each category?
   Women's Auxiliary ____%  Foreign Members ____%
   Organizational Members (non-flying) ____%
   Others ____% (explain):
   ____________________________________________________________________________________

5. How often does your organization run elections for its officers?
   Annually ____  Bi-Annually ____  Tri-Annually ____  other ____ (explain):
   ____________________________________________________________________________________
   (Use additional sheet for further explanation.)

6. Is your organization divided into Districts which are the same as AMA Districts?
   Yes ____  No ____ (explain):
   ____________________________________________________________________________________
7. If your organization’s activities involve competition events; is your organization capable and willing to help in running:

A. The Nationals:
   Organization of events before Nationals: Yes ____ No ____
   Organization of events during Nationals: Yes ____ No ____
   Judging/Timing: Yes ____ No ____
   Manpower: Yes ____ No ____

B. Is your organization capable and willing to help organize and operate FAI Team Selection programs?
   Yes ____ No ____

C. Is your organization willing to work with the appropriate contest boards and/or AMA Executive Council in regulating your events?
   Yes ____ No ____

8. Does a membership list of your organization exist which can be simply copied and sent to AMA?
   Yes ____ No ____

9. Do your membership records/lists include AMA numbers?
   Yes ____ No ____

10. Does your organization maintain a set of By-Laws approved and accepted by your membership?
    Yes ____ No ____

11. Does your organization require renewal of membership through annual dues payment?
    Yes ____ No ____

12. In your own words, why should AMA recognize your organization as a representative of your special interest area (use additional sheet for further explanation).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
13. Briefly describe the accomplishments/goals of your organization.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Completed by, Title __________________________________________________________________

AMA # __________________________________________________________________________

Date __________________________________________________________________________

Please submit completed questionnaire to:

Academy of Model Aeronautics
Attn: SIG Committee
5161 E Memorial Drive
Muncie, IN 47302

If you have any questions, please call (765) 287-1256 ext. 272.
SPECIAL INTEREST GROUP OFFICER LIST

Name of Special Interest Group ________________________________________________________

Time of year officer’s election held __________________________________________________

President _____________________________________________________________

   Address
   _____________________________________________________________

   Phone/Fax/Email
   _____________________________________________________________

Vice President _____________________________________________________________

   Address
   _____________________________________________________________

   Phone/Fax/Email
   _____________________________________________________________

Secretary _____________________________________________________________

   Address
   _____________________________________________________________

   Phone/Fax/Email
   _____________________________________________________________

Treasurer _____________________________________________________________

   Address
   _____________________________________________________________

   Phone/Fax/Email
   _____________________________________________________________

Publication Name _____________________________________________________________

   Editor
   _____________________________________________________________

Number of times published:

   Monthly _______ Annually _______

   Quarterly_______ Bi-Annually _______
CRITERIA FOR SPECIAL INTEREST GROUPS

AMA recognized Special Interest Groups shall:

1. Require continuing membership in AMA for each of its US resident members who fly. It is the policy of the Academy of Model Aeronautics, Inc. that membership be available without regard to race, color, creed, national origin, gender, age or disability.

2. Maintain a working set of By-Laws approved and accepted by its members. (Send a current copy to AMA initially, then annually along with your renewal forms.)

3. Elect officers at least bi-annually by a ballot of its members.

4. Require annual renewal of its members.

5. Maintain a current membership list. (Send a current list to AMA initially, then annually along with your renewal forms.)