



# Aero Modelers of Perrine, Inc. (AMPS) Membership Application

Welcome to the Aero Modelers of Perrine, Inc. (AMPS). Please complete the membership application form and send it to the address indicated, along with payment, proof of AMA membership for the entire calendar year and all the other required documents listed on the application form. We will not process any membership applications unless all the required documents are submitted and completed correctly.

All our memberships include free flight instruction. We have several volunteers that will work with you to help you become a pilot and enjoy the model aviation hobby. Please understand that the instructors are volunteers and their availability may be limited at times.

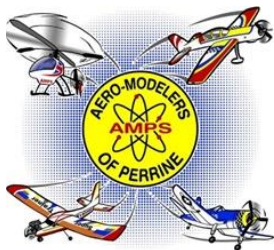
**REQUIRED!!!** To become an AMPS member, you must first be a member of the Academy of Model Aeronautics (AMA) Visit the AMA website at [www.modelaircraft.org](http://www.modelaircraft.org) to join or renew your membership. After joining the AMA you can apply for one of the following AMPS memberships:

- **Open Member - \$165.00 per year** (between 19 and 64 years of age) – See first year membership prorated fees table below
- **Senior Member - \$115.00 per year** (65 years of age or older) – See first year membership prorated fees table below PROOF OF AGE REQUIRED
- **Junior Member - \$15.00 per year** (Up to 18 years of age) PROOF OF AGE REQUIRED (Fee is waived for Juniors living at same address as an Open Member)
- **Non-Resident Member - \$65.00 per year** Non-voting member living outside of the Miami-Dade, Broward, Monroe, and Palm Beach Counties PROOF OF RESIDENCY REQUIRED

Month of application – First year <b>OPEN</b> Membership Prorated Fees											
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
\$165.00	\$151.00	\$138.00	\$124.00	\$110.00	\$96.00	\$83.00	\$69.00	\$55.00	\$41.00	\$28.00	\$14.00
Month of application – First year <b>SENIOR</b> Membership Prorated Fees											
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
\$115.00	\$105.00	\$96.00	\$86.00	\$77.00	\$67.00	\$58.00	\$48.00	\$38.00	\$29.00	\$19.00	\$10.00

**IMPORTANT – Please Read:** All applicants should be aware and understand that the activities involved in the flying of model airplanes and helicopters are not without some degree of hazard. Therefore, it is the obligation of **all members and guests** to abide by AMA, AMPS, and common-sense safety guidelines to minimize these hazards and to assist the AMPS Board in their attempt to provide a safe environment for all members and visitors. The AMPS club, its Board of Directors, individually or collectively, will not be held liable for incidents involving injury or property damage, including, but not limited to, loss of aircraft. By submitting this membership application, you hereby acknowledge and accept these conditions.

**APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL REQUIRED FORMS,  
DOCUMENTS AND PAYMENT ARE SUBMITTED AND COMPLETED CORRECTLY.**



# Aero Modelers of Perrine, Inc. (AMPS) Membership Application

**Applicants must submit this form, payment, proof of AMA membership, and all other required forms.  
One application per person. All items on this form are required and must be filled in.  
Incomplete submissions will be returned without processing.**

AMA # \_\_\_\_\_ **Copy of AMA Membership Card Required** Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Type of Membership:  **Open**  **Junior**  **Senior**  **Non-Resident** (proof of residency required)

**Fees Included:** Membership Fee: \_\_\_\_\_ See prorated fee tables on page one (1)  
**Make Checks Payable to AMPS**

- Check here if you need flight instruction.
- Check here if you already know how to fly
- Check here if you already know how to fly and have a Turbine Waiver

***By my signature below I certify that the information provided herein is true and that I have read, and will abide by, the AMPS Field Rules. I understand that providing false information in this membership application and/or failure to comply with club rules could result in the loss of my flying privileges.***

\_\_\_\_\_  
**Applicant Signature (REQUIRED)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Signature of Parent or Legal Guardian if Applicant is a Junior** **Date**

## CHECK LIST – ITEMS REQUIRED / INCLUDED

- This form – completed and signed – page 2
- Payment – Check or Money Order – do not send cash in the mail
- Copy of AMA membership card for the current year \*\*
- Signed REQUEST, RELEASE AND WAIVER OF ALL CLAIMS AGREEMENT  
(Adult or Minor as appropriate – page 3 or 4)
- Flight Proficiency Test** – REQUIRED for all applicants who already know how to fly – **Must be signed by Check Pilot.**

Mail Completed Application to:

**Aero Modelers of Perrine, Inc.  
6925 SW 65<sup>th</sup> Avenue  
South Miami, FL 33143**

**\*\* AMA coverage for the entire calendar year is required.**

# Aero Modelers of Perrine, Inc. (AMPS)

Complete this **REQUIRED** form **ONLY** if you are an adult

## ADULT (18 and Over) REQUEST, RELEASE AND WAIVER OF ALL CLAIMS AGREEMENT

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_ (name of Legal Guardian if Applicant is a Junior), hereby request that the Aero Modelers of Perrine, Inc. (AMPS) allow me/my child the privilege of flying radio-controlled aircraft at the AMPS field.

I/We have been informed of and I/we know the risks and dangers involved in the operation of radio controlled aircraft, and that unanticipated and unexpected dangers may arise during such activities and I/we assume all risks of injury to me/my child and my/our property that may be sustained in connection with the stated activities, including, without limitation, the potential crash and loss of my aircraft and its on-board equipment and personal injury.

In consideration of the permission granted to me/my child to participate in the stated activities, I/we do hereby, remise and discharge AMPS and South Florida Water Management District (SFWMD), their officers, board members, members and volunteer flight instructors, and all other participants in the stated activities of and from all claims, loss, damages, demands, actions, and other causes of action of any sort, for injuries to person and/or property during or as a result of participating in any of the activities contemplated by this Agreement, **whether such loss, damage, or injury results from the negligence of AMPS and/or the SFWMD, their officers, board members, members, volunteers, or from any other cause.**

I/we represent and certify that my/my child's true age is stated below, and that I/my child am/is a member in good standing of the Academy of Model Aeronautics (AMA).

**I/WE HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING REQUEST, RELEASE AND WAIVER OF ALL CLAIMS.**

Name of Applicant: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_ AMA # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Legal Guardian if Applicant is a Junior

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_