



In order to join the Ramapo Mountains Radio Control Modelers Association, Inc. you must fill out this application. Bring the completed application to a monthly meeting or mail it to us along with a check or money order written to RMRCMA, Inc. for \$25.00 (non-refundable application fee) You are required to attend 2 meetings in a 3 month period or 4 days at the field in order to be voted in as a member. Until then, you are a guest of the RMRCMA as long as you hold a current AMA card. Come and see what we are about and have some fun flying with us. Do not send Cash with your application, checks & Money orders will only be accepted.

Mailing address is:

RMRCMA c/o Mike Denistran
5 Dunham Road
Hewitt, NJ 07421

Monthly meeting address is:

West Milford Library
1470 Union Valley Road
West Milford, NJ 07480

Meetings will normally be held on the second Tuesday of every Month
(Dates may be subject to change, but will follow a second Tuesday curriculum)

Our summer meetings, July and August, are held at the flying field on the weekend prior to a Regular Tuesday Meeting, weather permitting.

Always check the website for updates: www.rmrcma.org

TYPES OF MEMBERSHIP

Full member with voting rights. App fee=\$25.00 / Initiation fee=\$50.00 and annual membership of \$50.00 =(\$125.00 for first year member) \$50.00 annually thereafter.

Junior member without voting rights. Less than nineteen years old by July 1st of current year. No fee required. In keeping with AMA free membership to Youth members.

THIS ORGANIZATION REQUIRES THAT A ONE TIME \$25.00 NON-REFUNDABLE APPLICATION FEE (TO COVER COST OF PERFORMING A PERSONAL BACKGROUND CHECK) BE SUBMITTED ALONG WITH THIS APPLICATION & WAIVER IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED FOR MEMBERSHIP INTO THE ORGANIZATION. MONEY ORDER, CASHIERS CHECK OR PERSONAL CHECKS ONLY ACCEPTED FOR FEE.

**ALL PRIOR CONVICTIONS MUST BE LISTED ON APPLICATION.
FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION.**

BACKGROUND CHECK WILL BE PERFORMED BY CLUB & ANY INFORMATION RECEIVED WILL ONLY BE SHARED BETWEEN THE BOARD OF DIRECTORS AND WITH YOU THE APPLICANT. SUBMITTING AN APPLICATION DOES NOT GUARANTEE MEMBERSHIP IN THE RMRCMA.

Background and Criminal Check Disclosure and Authorization Form

In the interest of maintaining the safety and security of our members, the Ramapo Mountains Radio Control Modelers Association, Inc. (hereinafter "RMRCMA") will order a background report/criminal records check on you in connection with your application for membership. This check will be performed using "People Smart" (www.peoplesmart.com). The background report may contain information concerning your character, general reputation, and criminal history. The types of information that may be ordered included but are not limited to federal, state and local arrest and criminal records. RMRCMA **will not** be inquiring as to your employment, references, licensing, credit report, credit history, or drug testing, medical history or any other aspect of your life other than your criminal history.

You have the right to know whether the RMRCMA ordered an investigative report on you. You have the right to obtain a copy of the People Smart report obtained by RMRCMA. To obtain a copy of the report, you must submit a request to RMRCMA in writing.

Criminal Record Check Authorization

After carefully reading the Criminal Record Check Disclosure above, I, _____, having been born on ___/___/___, do hereby authorize the Ramapo Mountains Radio Control Modelers Association, Inc. to inquire into my personal background via People Smart Website to determine if I have ever been arrested for, or convicted of a crime. I agree that this authorization is continuing and the Ramapo Mountains Radio Control Modelers Association may rely on this authorization to perform a background check at a future date without asking for my authorization again, as allowed by law. I understand that the information sought and results of any background or criminal check is for the purpose of membership into the Ramapo Mountains Radio Control Modelers Association, Inc. only. The Ramapo Mountains Radio Control Modelers Association, Inc. will not disclose the results of any background or criminal records check to any individual other than a Director of Ramapo Mountains Radio Control Modelers Association, Inc. or as required by law, without my written consent.

Date

Signature

Print All Information Below

In order to obtain the requested information, please complete the following:

Last Name _____ First Name _____ Middle Name _____

Maiden Name(s) and/or aliases _____

Date of Birth: Month _____ Day _____ Year _____

Are you a US citizen? Yes _____ No _____

Department Use ONLY

A record check was conducted from the information supplied above and the following was determined.

Date: _____ RMRCMA Officer's Signature: _____

General Criminal Check Waiver

I, _____, having been born on ___/___/___, do hereby grant permission to the Board of Directors of the RMRCMA, Inc. Club, and to its authorized agents, to inquire into my personal background. This information is for the purpose of membership into RMRCMA, Inc. Club. I agree that this authorization is continuing and the Ramapo Mountains Radio Control Modelers Association may rely on this authorization to perform a background check at a future date without asking for my authorization again, as allowed by law. I understand that the information sought and results of any background or criminal check is for the purpose of membership into the Ramapo Mountains Radio Control Modelers Association, Inc. only. The Ramapo Mountains Radio Control Modelers Association, Inc. will not disclose the results of any background or criminal records check to any individual other than a Director of Ramapo Mountains Radio Control Modelers Association, Inc. or as required by law, without my written consent. I hereby agree that this information can be released to the Ramapo Mountains Radio Control Modelers Association for the sole purpose of application consideration.

Date

Signature

RAMAPO MOUNTAINS RADIO CONTROL MODELERS ASSOCIATION, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Membership Request: Full or Junior <i>(circle one)</i>
Date of birth:	Age:	AMA#:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Mobile Phone:	E-mail:
Preferred mode of contact for all RMRCMA communications: E-mail Postal Service Phone <i>(circle one)</i> <i>visit: www.rmrcma.org</i>		

PREVIOUS MODELING EXPERIENCE

What do you like to fly? Nitro Gas Electric Free flight Plane Heli	How long?
Where did you hear about the RMRCMA?	
Would you be willing to participate in club activities? Yes No <i>What types of activities? Contest Social Maintenance</i>	
What skills or special interests do you have?	

EMERGENCY CONTACT

Name of person to contact in emergency:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

PRIOR CONVICTIONS/NON-MOTOR VEHICLE - NO APPLICATION WITH A FELONY CONVICTION SHALL BE ELIGIBLE FOR MEMBERSHIP

Type:	Date:
Type:	Date:

CLUB MEMBER REFERENCE

Name:	Address:	Phone:
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SIGNATURE

Full Member: Application Fee of \$25.00 one time. Initiation Fee of \$50.00 one time. Annual Dues of \$50.00 due on October 1st of each year.
Junior: No initiation Fee. No Annual Dues. *Cannot vote or hold office.*

I hereby certify that the above statements and answers are true and correct to the best of my knowledge. I authorize the investigation of all statements and answers contained within this application as well as a full criminal background check. It is agreed that the submission of this Application does not provide me any membership privileges whatsoever unless I am approved for membership by the Board of Directors of RMRCMA, Inc. If approved as a member, I agree to abide by all FAA Regulations, the By-Laws, and Safety Rules of RMRCMA, Inc. I acknowledge that I have read or received a copy of the Club's By-Laws and Safety Rules and agree to abide thereby. I agree to update my personal status file when requested and understand that I will be liable for damages not covered by Club insurance in the event of an accident. I also understand that membership in RMRCMA is a privilege, not a right.

Signature of applicant:	Date:
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OFFICIAL CLUB USE

Dates of business meetings attended: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____ <i>(circle)</i>		
Visits to Field: 1 2 3 4		
Date membership application approved by club membership:		
Fees Paid: \$25 APP FEE \$100 \$50 Other_____ <i>(circle)</i>	Membership: Full or Junior <i>(circle)</i>	AMA# Confirmed: