

**TRAVERSE AREA MODEL PILOTS SOCIETY
T.R.A.M.P.S.**

CLUB MEMBER RENEWAL

NAME _____ AGE _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE # _____ CELL PHONE # _____

E MAIL ADDRESS _____

SPOUSES NAME _____

CLUB COMMUNICATIONS WILL BE DISTRIBUTED VIA EMAIL UNLESS US MAIL IS REQUESTED
EMAIL OK _____ REQUEST US MAIL _____

AMA NUMBER _____

PLEASE FEEL FREE TO PUT ANY COMMENTS OR QUESTIONS CONCERNING THE CLUB OR FIELD
BELOW OR ON THE BACK OF THIS SHEET.

I AGREE TO ABIDE BY ALL AMA SAFETY RULES, TRAMPS BY-LAWS, AND TRAMPS FIELD RULES.

SIGNED: _____ DATE _____

* RETURN COMPLETED FORM AND **\$55** CHECK TO CLUB TREASURER *
* DAN MCLAREN 616-245-5874 *
* 1058 SAN LUCIA DR. SE E. GRAND RAPIDS, MI 49506 *

* NOTE: If dues are not paid by the March meeting you are considered delinquent *
* and will be required to pay a \$10 late fee. *
