

2024 SSMANA Membership Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Cell:** _____

Email: _____

If this is a renewal, what is your Membership Number?

Are you a member of a local club? **Yes** _____ **No** _____

If so, what club?

Please indicate what types of ships interest you (mark all that apply)

Military _____ Fast Electric _____ Pleasure _____

Coast Guard _____ Civil War _____ Submarines _____

Work Boats _____ Paddle Wheel _____ Sail _____

Type of construction you do (mark all that apply)

Kit _____ Scratch _____ Partial Kit _____ R-T-R _____

Type of power you use:

Electric _____ Steam _____ Wind _____

Dues are \$32.00 for individuals; \$35.00 for family memberships

Please make check payable to **SSMANA** and send to:

Mr. Heinz Ricken

SSMA Clubs/Membership Director

514 Cranford Avenue

Cranford, New Jersey 07016