## SSMA Membership Application

Name _					
Address _					
City _					
State			Zip code		
Are you a member of a local club? Y				N	
If so, what cl	lub?				
Please indicate what types of ships you are interested in (mark all that apply)  Military Fast electric Pleasure					
Coast Guard		Civil War		Submarine	
Work boat		Paddle wheel		Sail	
Other (please describe)					
Type of Cons	truction you do	(mark all that a	ipply):		
Kit	Scratch	Pa	rtial kit	R-T-R	_
Type of power	er you use:				
Electric _	Steam		Wind		

Dues are \$20.00 (us funds) for a 12 month membership.

Please make out check to: **SSMA** and send to:

Patric Layman Membership Director 3461 State Road Hillsdale MI 49242