

2026 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 \$38.00 for individuals; \$45.00 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