

# Learn to Build and Fly Model Aircraft!

Rev 10/18/2021

## Meet New Friends and Share a Common Interest!

# Introducing the Crown Point Aero-Modelers

<http://www.crownpointaeromodelers.com>

### Who we are:

An AMA sanctioned club with a flying Field.

### Where we meet:

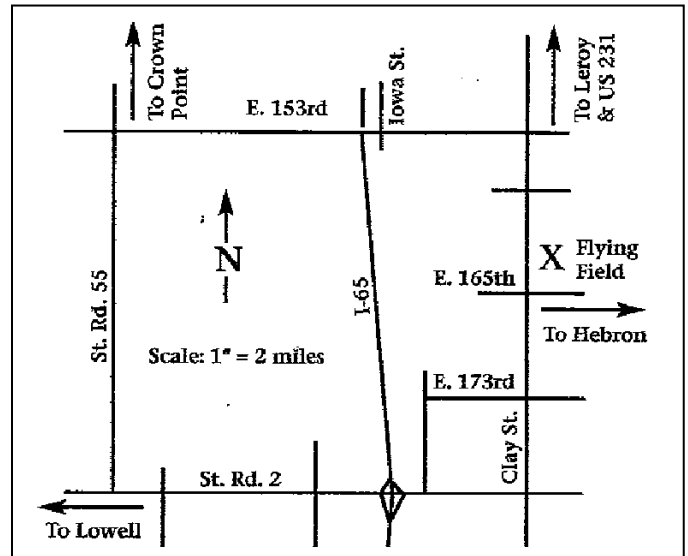
At the Crown Point Bulldog Park located at  
The SW corner of US 231 and West Street  
183 S. West Street  
Crown Point, Indiana.

### When we meet:

Every third Monday of the month at 7:00 p.m.  
Meetings last about 1 to 1.5 hours.

### Cost to join:

All members must belong to the Academy of Model  
Aeronautics prior to joining (See address below).  
Dues for the club are as follows: \$85.00 annually,  
\$100.00 Family Rate



### Membership Requirement:

*All applicants must have attended 3 club meetings or visits to the club field and be a current member of AMA.*

### Where we fly: (165<sup>th</sup> & Clay Street – Hebron, Indiana)

#### From the North

Exit I-65 south at the US 231 Eastbound (Hebron Exit).  
Go east on 231 to the farm Co-op in the town of Leroy.  
Turn south on Elkhart Street until it Tee's.  
Turn right (west) until first left (Clay St.) and go south to 165<sup>th</sup> St.  
Turn left (east) and go ¼ mile to the flying field on the left side.

#### From the South

Exit I-65 at the Route 2 (Lowell exit) and proceed east.  
Proceed east to Clay Street and turn north (left).  
Proceed north on Clay St. to 165<sup>th</sup> and turn east (right).  
Proceed east to the flying field on the left side.

### For further information:

See your local hobby shop for AMA Membership forms and contact any of our club officers:

President: William McCall, Crown Point, IN - (219) 663-7654

Vice President: Ron Parent, Merrillville, IN - (219) 765-1232

Secretary: Jim Curto, Crown Point, IN - (219) 213-1573

Treasurer: Tim Lloyd, St. John, IN - (219) 627-4225

**Academy of Model Aeronautics: 5151 East Memorial Dr., Muncie, Indiana 47302** ([www.modelaircraft.org](http://www.modelaircraft.org))

Cut Line

**Application Form** – To be submitted at monthly club meeting with photocopy of AMA membership card.

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

AMA Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_