

**2026 SSMANA Membership Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code – 9 Numbers** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**(NOTE: Please include all 9 digits of your zip code for mailing purposes)**

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; \$40.00 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 07016-2531

