

**Mobile Amateur Radio Club Membership Form**

\*\*New \_\_\_\_\_ Renewal \_\_\_\_\_ Assoc. Member \_\_\_\_\_ *All new members must fill out this application.*

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

Call Sign: \_\_\_\_\_ Name used on the air: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ E -mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ License Class: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_ (month/day)

If you are unable to receive an electronic newsletter (PDF attachment), check here to receive by US Postal Service \_\_\_\_\_ *(Newsletters will be mailed only to those unable to receive the electronic version.)*

Are you an ARRL Member: Yes \_\_\_\_\_ No \_\_\_\_\_. Do you desire membership: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an emergency power source? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, \_\_\_\_\_ watts

Do you have a mobile radio? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, \_\_\_\_\_ band(s) \_\_\_\_\_ power \_\_\_\_\_ mode(s)

Do you have a hand held radio? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, \_\_\_\_\_ band(s) \_\_\_\_\_ power

Would you be able to help out at club events when needed? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your main interests in amateur radio? \_\_\_\_\_

\_\_\_\_\_

Other interests and/or remarks: \_\_\_\_\_

**MARC Annual Membership Dues** *Dues may be paid online, mailed, or brought to the MARC meeting.*

[ ] Individual Membership [ ] Assoc. Membership (May not vote or hold office)

[ ] Family Membership [ ] Student Membership (Full time students only)

(New member dues only will be reduced 1/4, 1/2, or 3/4 depending on time of year. Renewals pay in full. )

Proration Schedule – Application Dates      Assoc./Student      Single      Family

January 1 to March 31      \$20.00      30.00      40.00

April 1 to June 30      15.00      22.50      30.00

July 1 to September 30      10.00      15.00      20.00

October 1 to December 31      5.00      7.50      10.00

(New members joining late in the year (Dec.) usually just pay full membership for the next year.)

(Please fill out below for family membership – all members must be living under the same roof)

Name: \_\_\_\_\_ Call: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_ (month/day)

Name: \_\_\_\_\_ Call: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Call: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: All new members (except Assoc.) must be approved at the following general membership meeting.**