

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 \$30.00 Assoc. Membership \$20.00 (May not vote or hold office)
 - Family Membership \$40.00 Student Membership \$20.00 (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.)

<u>Proration Schedule – Application Dates</u>	<u>Assoc./Student</u>	<u>Single</u>	<u>Family</u>
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 (Nov./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.**