



McKean County Amateur Radio Club, Inc.

Membership Application

[] Initial Application [] Renewal

First & Last Name	Call Sign
Street	License Class/Expiration
City/State/Zip	Phone Number
E-Mail	

Personal Reference: Non-Family (New Members Only)

Name	Phone Number
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Current Affiliations

Areas of Interest

<input type="checkbox"/> ARRL
<input type="checkbox"/> ARES
<input type="checkbox"/> RACES
<input type="checkbox"/> Skywarn
<input type="checkbox"/> MARS (Army or Air Force)
<input type="checkbox"/> VE with _____
<input type="checkbox"/> Other Club(s):

<input type="checkbox"/> HF	<input type="checkbox"/> Contesting
<input type="checkbox"/> VHF/UHF	<input type="checkbox"/> Elmering/Education
<input type="checkbox"/> SSB/AM/FM	<input type="checkbox"/> Emergency Communications
<input type="checkbox"/> CW	<input type="checkbox"/> VE Testing
<input type="checkbox"/> Digital Modes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Homebrewing	_____
<input type="checkbox"/> Antenna Building	_____
<input type="checkbox"/> Repeater Construction	_____

Full Adult Membership: Applicant must have a valid FCC amateur radio license, and be at least 18 years of age

Full Youth Membership: Applicant must have a valid FCC amateur radio license, and be less than 18 years of age as of July 1st of the membership year

Associate Membership: An unlicensed and non-voting fraternal member who is interested in amateur radio

Membership Year: January 1-December 31

Check appropriate box:

- Full Adult Membership: \$15 (Full Adult Membership-Retired: \$10)
- Full Youth Membership (Under 18 or in Post-Secondary School): \$5
- Additional member from same household: \$10
- Associate membership: \$5
- New member from a club-sponsored class that year: waived (only initial class)

TOTAL DUE:

Make checks payable to: *McKean County Amateur Radio Club*

I hereby make application to the McKean County Amateur Club, Inc., and agree to follow all applicable FCC and Club rules. I also give permission for the Club to use my photograph and name on social media. If not, check this box []

SIGNATURE: _____	DATE: _____
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CLUB USE ONLY

 Receipt issued to _____ for dues paid in the amount of: \$ _____

Club Official: _____ Date: _____