

**AMATEUR RADIO CLUB OF AMITE COUNTY, INC
ARCAC
MEMBERSHIP APPLICATION**

DATE: _____

NAME: _____ **CALL SIGN** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL:** _____

E-MAIL: _____

LICENSE CLASS: _____ **ARRL MEMBER (CIRCLE) YES NO**

DUES: PAYABLE FIRST MEETING IN JANUARY

MEMBER-----\$24.00 PER YEAR FAMILY -----\$36.00

HIGH SCHOOL STUDENT -----\$12.00 PER YEAR

FAMILY MEMBERS

NAME: _____ **CALL** _____ **CLASS** _____

NAME: _____ **CALL** _____ **CLASS** _____

NAME: _____ **CALL** _____ **CLASS** _____

With my signature below I agree to abide by the rules and regulations of the FCC, ARRL and the Constitution and Bylaws of the Amateur Radio Club of Amite County:

APPLICANT SIGNATURE _____ **DATE** _____

RECOMMENDED BY _____ **DATE** _____