

Mayland Amateur Radio Club

Full and Associate (no license) Membership Application

Name _____ Call _____ Year First Licensed _____

License Class _____ ARRL Yes No E-mail _____

Name _____ Call _____ Year First Licensed _____

License Class _____ ARRL Yes No E-mail _____

Name _____ Call _____ Year First Licensed _____

License Class _____ ARRL Yes No E-mail _____

Street Address _____

City, State, ZIP _____

Phone _____

Alternate Seasonal Address (for months of _____ Phone _____

Street Address _____

City, State, ZIP _____ E-mail _____

Membership: Full \$25 Family \$30. Full Time Licensed Student = 1/2 of Full price
 Assoc \$0.

(Membership year runs Jan - Dec, pro-rated quarterly)

By signature below, I hereby agree to follow and abide by all rules, regulations, & By-Laws, of the Mayland Amateur Radio Club, Inc (MARC). Additionally, I agree to follow all rules and regulations of the US Federal Communications Commission (FCC) as they relate to Amateur Radio operation. I further agree to take no actions, legal or illegal, while representing the club, that would knowingly bring discredit or dishonor upon MARC or any of it's members. I understand that violations of any of these rules, regulations, etc may be reason for my possible expulsion from MARC membership.

Signature _____

Today's Date ____/____/____

Mail to:

Mayland Amateur Radio Club

178 Ike Wood Road
Bakersville, NC 28705

Rev1/10

Mitchell County ARES Membership Application

Check bands and modes that you can operate:

MODE	HF	6 METERS	2 METERS	222MHZ	440 MHZ	OTHERS
SSB						
CW						
FM						
DATA						
PACKET						
OTHER						
MOBILE						

Can your home station be operated without commercial power? Yes [] No []
 Approximate Duration _____ hours

Are you available for deployment, if required? Yes [] No []

Duration _____

Please list deployable equipment _____

I hereby apply for membership in the Mitchell County, NC ARES Organization (MCARES).

By signature below, I hereby agree to follow and abide by all rules, regulations, & requirements of MCARES. Additionally, I agree to follow all requirements of the Federal Emergency Management Authority (FEMA) as they relate to Amateur Radio support of Emergency Operations.

Signature _____ Date _____