

Mayland Amateur Radio Club, Inc.
Full and Associate (no license)
Membership Application

Name: _____ Call: _____ Year First Licensed: _____

ARRL: [] Yes [] No License Class: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Call: _____ Year First Licensed: _____

ARRL: [] Yes [] No License Class: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Call: _____ Year First Licensed: _____

ARRL: [] Yes [] No License Class: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Street Address: _____ aaaaaaaaa _____

City, State, ZIP: _____

Alternate Seasonal Address: _____ (for months of _____)

Street Address: _____

City, State, ZIP: _____

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 its 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 ___/___/___

Membership: [] Full \$40 [] Family \$45. [] Full Time Licensed Student \$20 [] Associate \$0.
(Membership year runs Jan - Dec, pro-rated quarterly)

Mail or email to:

Mayland Amateur Radio Club, Inc.

10 South Mitchell Avenue Suite B

Bakersville, NC 28705

secretary@kk4mar.org

Rev11/15

Mitchell County AUXCOMM/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						
WINLINK						
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 signify that I understand that full participation in AuxComm operations in Mitchell County or elsewhere, will require completion of certain Federal Emergency Management Agency (FEMA) training courses. Completion of these courses and issuance of an identification card is required for access to County Emergency Operations Centers (EOC) and emergency event sites. Most of these courses define the National Incident Management System (NIMS) used to manage emergency operations events. They may or may not relate directly to Amateur Radio operations in support of emergency operations. Local Governmental Agencies may also require additional training. (Non completion of the required/recommended courses may affect your membership in AuxComm and will greatly reduce your usefulness and participation in AuxComm support events).

Signature _____ **Date** _____