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:aaaaaaaa		
Street Address: City, State, ZIP:		(for months of)
By signature below, I herek Radio Club, Inc. (MARC). Communications Commiss legal or illegal, while repre-	by agree to follow and abide by Additionally, I agree to following (FCC) as they relate to Arsenting the club that would known	y all rules, regulations, & By-Laws, of the Mayland Amateur ow all rules and regulations of the US Federal mateur Radio operation. I further agree to take no actions, owingly bring discredit or dishonor upon MARC or any of its les, regulations, etc. may be reason for my possible expulsion
Signature		
Membership: [] Full \$40		ime Licensed Student \$20 [] Associate \$0. an - Dec, pro-rated quarterly)
Mail or email to: Mayland Amateur Radio PO Box 474 Bakersville, secretary@kk4mar.org	*	

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