Charlotte Amateur Radio Club

Application for Membership



Membership Renewal		New Membership						
Individual - \$30.00 a year		Family -	\$35.00 a year					
Name:								
Address:								
City:	<u>S</u>	tate:	Zip:					
Home Phone:		Cell Phone:						
Callsign: Class:	E	xp Date:	ARRL Member? Y / N					
Home Station HF Y / N 2m Y	/ N 7	'0cm Y / N	Emergency Power Y / N					
Mobile Station HF Y / N 2m Y	/ N 7	'0cm Y / N						
Email Address:								
May the Club share your contact infor	mation wit	th other membe	ers? YES / NO					
If Family membership, please list others at this address separately.								
Name:	Callsign:	l	Email:					
Name:	Callsign:	ĺ	Email:					
Name:	Callsign:		Email:					
Name: I hereby submit this application and dues in conagree to abide by the Bylaws of the Club and the Signature:	sideration for e Facilities Use	membership in the	Charlotte Amateur Radio Club. I					
I hereby submit this application and dues in con agree to abide by the Bylaws of the Club and the Signature:	sideration for e Facilities Use C	membership in the e Agreement of the Date:	Charlotte Amateur Radio Club. I meeting place.					
I hereby submit this application and dues in con agree to abide by the Bylaws of the Club and the	sideration for e Facilities Use C narlotte Am	membership in the e Agreement of the Date: nateur Radio Clu	Charlotte Amateur Radio Club. I meeting place. b, Inc. and mail to:					
I hereby submit this application and dues in con agree to abide by the Bylaws of the Club and the Signature: Make checks payable to Checks Charlotte Amateur Ra	sideration for e Facilities Use E narlotte Am	membership in the e Agreement of the Date: nateur Radio Clu	Charlotte Amateur Radio Club. I meeting place. ab, Inc. and mail to: rentice, K4EGP					

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Membership Renewal New Membership							
Individual \$30	Individual \$30 per year			Family \$35 per year			
Please print clearly:							
Name:							
Street Address:							
City:		State	e:	Zip Code:			
Home Telephone:	lome Telephone:			Cell Phone:			
Email Address:							
CallSign:	Class:	Exp. Date:		ARRL Member? Y / N			
Home Station: HF Y	/ N 2m: Y /	N 70m	: Y / N	Emergency I	Power Y / N		
Mobile Station: HF Y	/ N 2m: Y /	N 70m	: Y / N				
Echolink: Y / N	D-Star: Y / N	DM	R: Y / N	WIRES-X	Y / N		
May the Club share	your contact info	rmation with	other CAI	RC members?	YES NO		
If Family Membership: F	Please list each membe	r of your househ	old at your a	ddress above.			
Name:	Call	Sign:	_ Email:_				
Name:	Cal	lSign:	Email:_		_		
Name:	Cal	llSign:	Email:_				
I hereby submit this ap Club. I agree to abide							
Signature:	ignature: Date:						
Make ch	necks payable to Cha Charlotte Amatuer P.O. Box 7819		4CQ c/o Tre	easurer	:		
Amount Paid:	Check #:	Received	d by:	Date:			