

## STARVED ROCK RADIO CLUB MEMBERSHIP APPLICATION AND RENEWAL FORM

COMPLETE FORM AND MAIL TO: SRRC PO BOX 198 LEONORE IL 61332

Enclose payment as follows:

1 calendar year – \$24.00

Add all family members – \$5.00

Part year dues prorated.

NOTE \* means REQUIRED FIELD. Form will be rejected if this information is not shown.

\*APPLICATION TYPE \_\_\_ New Member \_\_\_ Renewal \_\_\_ Previous Member

\*NAME \_\_\_\_\_ CALL SIGN \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\*CITY, STATE, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\*ARRL MEMBER? (Y/N) \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_

\*CLUB NEWSLETTER "STATIC" via e-mail or U.S. Mail? EMAIL \_\_\_ U.S. \_\_\_

EMAIL FOR NEWSLETTER (if different) \_\_\_\_\_

List other HAM family members living at same address:

\_\_\_\_\_

NOTICE: Dues for each member must accompany this form. Funds received by the Club without this form will be considered donations. Complete rules of the club can be found at [www.w9mks.org](http://www.w9mks.org). A printed copy of rules is available from Secretary.

By signing I agree to abide by these rules

\*SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

CLUB USE: Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment: \_\_\_\_\_ Card issued: Y / N

Recorded by: Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_