

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 – \$12.00

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. 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 _____

Rev. 01/22