



AMATEUR RADIO CLUB OF COLUMBIA COUNTY, INC. MEMBERSHIP APPLICATION



A 501(c)3 Organization

www.ARCCC.org

P. O. Box 285
Evans, GA 30809

Name _____
(FIRST) (MI) (LAST)

Address _____
(STREET)

(CITY) (STATE) (ZIP)

Home Phone _____ Mobile Phone _____

Email _____

Call Sign _____ License Class _____ ARRL Member Yes / No

Amateur Radio activities which you are interested:

(Check all that apply)

- | | | | |
|-----------------------------------|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> HF | <input type="checkbox"/> 70-CM | <input type="checkbox"/> Field Day | <input type="checkbox"/> RACES |
| <input type="checkbox"/> 2-Meter | <input type="checkbox"/> Net Control | <input type="checkbox"/> Hamfest | <input type="checkbox"/> Satellite |
| <input type="checkbox"/> 6-Meter | <input type="checkbox"/> Public Service | <input type="checkbox"/> VE | <input type="checkbox"/> Contesting |
| <input type="checkbox"/> 10-Meter | <input type="checkbox"/> Special Events | <input type="checkbox"/> ARES | <input type="checkbox"/> APRS |

Please include your dues when submitting this membership application to any member of the Board of Directors. Membership Applications will be reviewed and voted on at the next scheduled general club meeting.

I agree that as a member, I will abide by the ARCCC, Inc. Constitution and By Laws and Part 97 of the FCC Rules and Regulations. I acknowledge that to remain a member of the club, I must abide by the ARCCC, Inc. Constitution and Bylaws.

(APPLICANT'S SIGNATURE)

(DATE)

TO BE COMPLETED BY STAFF ONLY

Recommended By _____ ARCCC VE Team
Circle if Applicable

Voted In Date _____

Dues Received: _____

Check # or Cash: _____

Treasurer's Signature: _____

Date: _____

Added to ARCCC, Inc. Roster on: _____

By: _____

Comments: