



Crowley's Ridge ARC

20__ MEMBERSHIP APPLICATION

WWW.CRARC.NET

New Membership Renewal Membership

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PLEASE PRINT LEGIBLY!

FIRST NAME	M.I.	LAST NAME	SUFFIX	STATION CALL SIGN	OPERATOR LICENSE CLASS
MAILING ADDRESS (Number and Street or P.O. Box)				OCCUPATION	ARRL MEMBER? Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY		STATE CODE	ZIP CODE	BIRTHDAY (Month/Day)	SPOUSE NAME
CELL PHONE NUMBER	HOME PHONE NUMBER	E-MAIL ADDRESS			

Have you ever been issued a Notice of Apparent Liability (NAL) from the FCC? No YES
 If you **do not** want to share your contact information with other members of the club, check mark this box

Membership Desired: Full¹(\$20) Family²(\$10) Associate³(\$10)

Select your interest from the following Amateur Radio activities:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ARES | <input type="checkbox"/> ARRL Field Day | <input type="checkbox"/> Contesting | <input type="checkbox"/> CW Morse Code |
| <input type="checkbox"/> Digital Modes | <input type="checkbox"/> DXing | <input type="checkbox"/> Education | <input type="checkbox"/> Fox Hunting |
| <input type="checkbox"/> HF SSB | <input type="checkbox"/> Open House | <input type="checkbox"/> Presentations | <input type="checkbox"/> Satellite DXing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> VEC VE | <input type="checkbox"/> VHF/UHF Repeaters | <input type="checkbox"/> Weekly Nets |
| <input type="checkbox"/> Working w/Youth | <input type="checkbox"/> Other: | <input type="text"/> | |

By signing this application, you agree to accept the CRARC Bylaws and Code of Conduct that are published on the club's Website at www.crarc.net

Signature of Applicant: **X** Date Signed: _____

Payment Option One: Make a check payable to **Crowley's Ridge ARC** and mail with application to:

Crowley's Ridge ARC
226 Country Road 74505
Jonesboro, AR 72401

Payment Option Two: Bring application with payment to the next club meeting.

FOR CRARC USE ONLY					
VOTE DATE:	New Membership Sponsor:				
	Print Name _____	Signature _____	Call Sign _____		
RECEIVED DATE:	AMOUNT:	CHECK #	CASH:	MEMCMTE <input type="checkbox"/>	POSTED <input type="checkbox"/>

(1) All Memberships will be pro-rated by the quarter. 1st Quarter 100%, 2nd Quarter 75%, 3rd Quarter 50% and 4th Quarter 25% of full price. (2) Family Membership is Full membership plus \$10 for all additional family member living in the same household. Attach a separate application for each family member. (3) Associate Membership is a non-licensed radio operator member and shall have all club privileges, except the right to vote or hold office.