

MUSCLE SHOALS AMATEUR RADIO CLUB
MEMBERSHIP APPLICATION

Please check as applicable: New Member Current Member
Individual Dues (\$20.00) Family (\$10.00 per additional family members)

Name: _____ Call Sign: _____
Address: _____ City: _____
State: _____ Zip+4: _____ Home Phone: (____) _____ Work Phone: (____) _____
E-mail: _____ Cell Phone: (____) _____
License Class: _____ Year First Licensed: _____ ARRL Member: Y N
VE Credentials: ARRL W5YI Laurel Other

Other Family Members Covered by Family Membership (required for family membership, otherwise, optional):

Name: _____ Call Sign: _____
License Class: _____ Year First Licensed: _____ ARRL Member: Y N
Name: _____ Call Sign: _____
License Class: _____ Year First Licensed: _____ ARRL Member: Y N
Name: _____ Call Sign: _____
License Class: _____ Year First Licensed: _____ ARRL Member: Y N

Responses to the following questions are optional:

Currently an: ARES Member: Y N RACES Member: Y N MARS Operator: Y N

Are you interested in joining ARRL or any other of these activities? Indicate which one(s):

Do you have an emergency power source/generator: Y N

Equipment: Mobile Hand-held – Portable Fixed Station

List equipment: _____

Currently Operate on: SSB FM AM CW RTTY PACTOR PACKET SSSTV SATELLITE
Below 30 MHz
Above 30 MHz

Areas of Interest in Amateur Radio: Experimental Building/Repairing Equipment

Antennas Contesting Fox Hunting Field Operations
Other: _____

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Other Amateur Radio Clubs or Activities: _____

What activities, programs, or events would you like to see in MSARC? _____

Areas of personal expertise in amateur radio, electronics, or other: _____

Do you wish to be assigned an "ELMER" from the club? Y N

Is there a specific person you would prefer? Name: _____

Would you be willing to be an "ELMER" to other club members? Y N

To new adult members: Y N To youth members: Y N

In what interest area? _____

Other comments? _____

For new members: I hereby apply for membership in the Muscle Shoals Amateur Radio Club and agree to abide by its Constitution and By-laws.

Signature: _____ Date: _____

Print Name: _____

FOR CLUB USE ONLY:

Dues Paid: \$ _____ Date: _____ Cash: _____ Check #: _____

**Make checks payable to MSARC
Mail to: MSARC
P O Box 3782
Muscle Shoals, AL 35662-3782**