

Horseshoe Amateur Radio Club, Inc.

Membership Application & Financial Support Record

Member Name:

Call Sign: ARRL Member: Y / N ☐

Class: ☐ Extra ☐ Advanced ☐ General ☐ Technician ☐ Novice (Newsletter Included)

Date Licensed: Tech. w/Code ☐ Not Licensed ☐

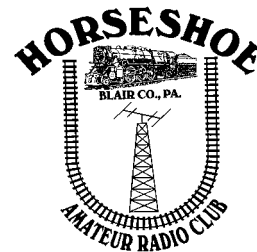
Date of Birth: E-mail:

Address:

Address:

City: State: Zip:

Home Phone: Work Phone:



Spouse's Name: Add Spouse: 10.00 ☐

Call Sign: ARRL Member: Y / N ☐

Class: ☐ Extra ☐ Advanced ☐ General ☐ Technician ☐ Novice (No Additional Newsletter)

Date Licensed: Tech. w/Code ☐ Not Licensed ☐

Date of Birth: E-mail:

1st. Child: (Must be under age 18, or full time student) Add Child: 5.00 ☐

Call Sign: ARRL Member: Y / N ☐

Class: ☐ Extra ☐ Advanced ☐ General ☐ Technician ☐ Novice (No Additional Newsletter)

Date Licensed: Tech. w/Code ☐ Not Licensed ☐

Date of Birth: E-mail:

2nd. Child: (Must be under age 18, or full time student) Add Child: 5.00 ☐

Call Sign: ARRL Member: Y / N ☐

Class: ☐ Extra ☐ Advanced ☐ General ☐ Technician ☐ Novice (No Additional Newsletter)

Date Licensed: Tech. w/Code ☐ Not Licensed ☐

Date of Birth: E-mail:

Additional Contribution:

☐ \$25.00 ☐ \$50.00 ☐ \$100.00 ☐ \$ _____ ☐ \$ _____ ☐ Record As Anonymous

Bronze Key Member Silver Key Member Gold Key Member Other Contribution Corporate Sponsor

☐ Regular Fund ☐ Repeater Fund

I am requesting membership in the Horseshoe Amateur Radio Club, Incorporated. I agree to abide by the rules and regulations of the club, as detailed in the Constitution and Bylaws of the H.A.R.C. I understand that the pursuit of a hobby such as Amateur Radio involves certain inherent risks to my personal safety, and to the protection of any personal property that I may bring to club functions and activities. I accept these risks as being a normal part of the hobby. I further agree to protect and hold harmless the Horseshoe Amateur Radio Club, Inc., it's Officers, Agents, Partners, and Members from any action resulting from death, injury, or loss of property that I may incur.

Total Dues Enclosed:

Send Form & Payment To:
Mary Guyer, N3HJF
Rd # 2 Box 616
Altoona, PA 16601

Signed: _____ (member)

Dated: _____

Signed: _____ (spouse)

Dated: _____

Revised: January 18, 2005